Treatment Outcome Evaluation: Youth Admitted to Residential Chemical DependencyTreatment Under the Provisions of the "Becca" Bill

Final Report

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EXECUTIVE SUMMARY

INTRODUCTION

In July, 1995, the Washington State legislature enacted the At-Risk/Runaway Youth Act (Engrossed Second Substitute Senate Bill 5439, Chapter 312, Laws of 1995), known as the "Becca" Bill. This law was named after Rebecca Hedman, a runaway youth who was killed on the streets after running from treatment. The Bill's intent was to help parents of runaway or at-risk youth regain control over their children and to obtain chemical dependency and mental health treatment for their children who were in need of these services.

The Division of Alcohol and Substance Abuse (DASA) was mandated to evaluate the outcomes of youth admitted to treatment under the provisions of the "Becca" Bill and contracted with the Alcohol and Drug Abuse Institute (ADAI) at the University of Washington to conduct the evaluation. This report presents the treatment outcome evaluation results for youth admitted to residential treatment under the provisions of the "Becca" Bill. .

Definition of "Becca" Youth

Based on the definition used by DASA, throughout this report "Becca" youth or "Becca" admission refer to youth meeting at least one of the following four criteria:

- Youth admitted to residential treatment under an At-Risk Youth (ARY) or Children in Need of Services Petition (CHINS);
- Youth referred to residential treatment under the involuntary treatment (ITA) commitment regulations (RCW 70.96A.140);
- Youth admitted as a voluntary parent admission of a non-consenting youth; or
- Youth referred to treatment due to a truancy petition.

EVALUATION QUESTIONS

The primary aims of this outcome evaluation were to: 1) systematically describe youth admitted to residential chemical dependency treatment under the "Becca" Bill, and 2) evaluate the treatment outcomes of "Becca" youth four months following residential CD treatment admission. In addition, we provide information from parents on the processes they went through to obtain treatment for their children using provisions of the "Becca" Bill and their views on the treatment their children received. The evaluation addresses six primary questions:

I. **What are the characteristics of "Becca" youth entering residential chemical dependency treatment and do they differ from other youth admitted to treatment?**

II. **What are the characteristics of the treatment episode?**
- **Are "Becca" youth equally likely to complete treatment as "non-Becca" youth?**

- **Among youth who do not complete treatment, are the reasons for treatment discharge different for "Becca" youth and "non-Becca" youth?**

- **Do "Becca" youth differ from "non-Becca" youth in terms of treatment satisfaction?**

III. **What are the outcomes of youth following residential treatment, and are the outcomes of "Becca" youth different from those of other youth?**

IV. **What proportion of "Becca" and "non-Becca" youth receive subsequent chemical dependency and mental health treatment following the index admission.**

V. **What are the parents' experiences using the "Becca" Bill processes and what are parents' views of the "Becca" Bill?**

VI. **What are parents' views of adolescent chemical dependency treatment?**

METHODS

Recruitment Process

Participants were recruited from six adolescent residential chemical dependency (CD) treatment agencies over a six-month period, from mid-June, 1996 through December, 1996. All "Becca" admissions were asked to participate, as well as a comparison sample of youth admitted to the same agencies over the same time period. One parent of each youth was also asked to participate in a parent interview. All residential treatment agencies that had admitted "Becca" youth by the time of the study's initiation participated in the evaluation.

Participants were recruited at the treatment agencies by agency staff. Prior to the start of the recruitment process, the study's research coordinator met with staff at each of the agencies, provided training on research protocol, and provided staff with written material detailing the consent process.

Information Sources

There were three primary sources of data for this study, parents interviews, youth interviews, and TARGET, DASA's management information system. Youth interviews provided the primary source of treatment outcome information. However, youth interviews were only able to be conducted post-treatment. To examine pre-treatment differences between "Becca" and "non-Becca" youth, and to assess change in behaviors post-treatment, three sources of baseline or pre-treatment information were used: (1) TARGET, (2) youth reports provided retrospectively, and (3) parent interviews.

Youth Interviews. The focus of the youth interviews was primarily on short-term outcomes. Adolescent interviews were conducted about four months post-treatment admission. Most of the

outcomes were assessed for the three months prior to the follow-up interview. Interviews were conducted with 192 youth.

Parent Interviews. The focus of the parent interviews was primarily on the treatment admission process, views on adolescent chemical dependency treatment, views on the "Becca" bill, and if appropriate, the parent's experience of using the petitions processes of the "Becca" Bill. Interviews were conducted with 217 parents. However, some parents were interviewed for whom the children were not interviewed and vice versa. Only 164 parent interviews are used for baseline data, but data from all 216 interviews are used to describe the admission process and use of the provisions of the "Becca" bill.

TARGET: TARGET data provided: (1) demographic information, (2) baseline data on drug use, criminal and judicial system involvement, and school enrollment; and (3) information on the initial treatment admission episode. TARGET data were obtained for 184 of the youth interviewed.

Refusal and Retention Rates

Parent Sample Retention

- Sixty-three percent of parents consented to participate in the study at initial contact. Parents of "Becca" youth were more likely than "non-Becca" parents to consent to participate in the study when initially contacted at the treatment agency(74% vs. 61%). About 70% of parents of publicly funded youth, compared to 47.5% of parents of privately funded youth, agreed to participate in the study at initial contact.

- Of the parents who initially agreed to be interviewed, 84% (217) were successfully interviewed.

Youth Retention Rates

- Parent consent and youth assent was obtained for 62% of all youth contacted at the treatment agencies. About 35% of parents did not provide consent for their child to participate and an additional 4% of youth did not want to be contacted after initial contact at the treatment agency.

- Initial consent rates were higher for "Becca" youth than "non-Becca" youth (72% vs. 60%), and for publicly funded youth than for privately funded youth (69% vs. 43%).

- Among youth for whom initial consent was obtained, 77% (n=192) were successfully interviewed. There were no significant differences in retention rates for "Becca" or "non-Becca" youth or for publicly vs. privately funded youth. About 10% refused when later contacted, 2% were unresponsive to repeated calls and 8% were lost to contact.

FINDINGS

I. Characteristics of "Becca" and "non-Becca" Youth Prior to Admission to Residential Chemical Dependency Treatment

Demographic Characteristics

"Becca" youth and "non-Becca" youth were similar in terms of age, ethnic background, and proportion receiving public funding. The average age of youth was 15.8. About 81% of the sample were Caucasian and about 82% of the sample received at least some public funding for treatment. There were trend level differences between "Becca" youth and "non-Becca" youth in the proportion who were female: 47% of "Becca" youth compared to 32% of "non-Becca" youth were female ($p<.06$).

History of Running From Home

- In the year prior to treatment, 90% of "Becca" youth and 70% of "non-Becca" youth had run from home. Although the proportion who had run was high for both groups, this difference was statistically significant.

- About a third of both "Becca" and "non-Becca" youth had spent at least one night on the streets or in a shelter in the 3-months prior to treatment.

Drug Use Prior to Treatment

TARGET data served as the baseline measure of drug use at treatment entry. Treatment agency staff assessed the primary, secondary, and tertiary drugs of choice based on youths' self report of drug use frequency in the 30 days prior to treatment. Thus, information of drug use is obtained on a maximum of three drugs per client.

- The primary drug of choice was similar for "Becca" and 'non-Becca" youth. Marijuana was the primary drug of choice for 68% of the youth. Alcohol was the primary drug of choice for 19% of the youth.

- There were significant gender differences in the primary drug of choice. Marijuana was the primary drug of choice of nearly 80% of males compared to less than 50% of females.

- Females were nearly three times as likely as males to have alcohol as the primary drug of choice, and over twice as likely as males to have some form of illicit drug other than marijuana as the primary drug of choice. Alcohol was the primary drug of choice for 31% of females compared to 12% of males. Illicit drugs other than marijuana were the primary drug of choice for 22% of females compared to 9% of males.

- Youth also initiated drug use at an early age. The average age of first drug use for both "Becca" and "non-Becca" youth was about age 10 across all drugs including alcohol and tobacco, and about age 12 for drugs excluding tobacco.

School Enrollment and School Suspensions or Expulsions

- At treatment admission, "Becca" youth were twice as likely as "non-Becca" youth to have dropped out of school. About half of "Becca" youth were not enrolled in school compared to a quarter of "non-Becca" youth.

- The majority of both "Becca" and "non-Becca'" youth had been suspended or expelled from school in the year prior to treatment entry. Two-thirds of youth had been suspended from school, and over a quarter had been expelled from school, in the year prior to treatment

History of Division of Children and Family Services Use

- "Becca" youth were twice as likely as "non-Becca" youth to have been involved with Division of Children and Family Services (DCFS). Two thirds of "Becca" youth compared to 31% of "non-Becca" youth had received some type of DCFS services. For both Child Protective Services (CPS) and Family Reconciliation Services (FRS), 32% of Becca youth compared to 15% of "non-Becca" youth had received services. About 8% of "Becca" and "non-Becca" youth had received some form of foster care.

Problems that Led Up to Residential CD Admission

For many of the problems assessed, the reports of parents of "Becca" and "non-Becca" were very similar. However, some differences between parent reports of youth problems prior to treatment were found for "Becca" and "non-Becca" youth.

- All of the parents of "Becca" youth compared to 81% of "non-Becca" youth reported their children as out of control.

- 86% of "Becca" youth compared to 50% of "non-Becca" youth reported their child had run from home.

- Two-thirds of "Becca" youth compared to nearly 40% of "non-Becca" youth were reported as sexually acting out

- Over half of "Becca" youth compared to over a third of "non-Becca" youth were reported to have had suicidal thoughts or actions.

Delinquent Behavior

- The prevalence of delinquent behaviors was similar and quite high across both groups, with no significant differences in the proportion engaging in the behaviors. Nearly 80% of youth reported selling drugs. Damaging property and theft were each reported by about 75% of youth. Physical assault and breaking and entering were each reported by over half of the youth.

Involvement in the Criminal and Juvenile Justice System

- A majority of all youth had a history of some type of criminal and juvenile justice system involvement. About 74% of youth had been arrested at some time in their life with over a quarter having been arrested four or more times. Over half (55%) of youth have been in

juvenile detention. There were no significant differences between "Becca" and "non-Becca" youth regarding prior involvement with the criminal or juvenile justice system.

Prevalence of Prior Chemical Dependency and Mental Health Treatment Episodes

- The majority of both "Becca" and "non-Becca" youth had a least some prior CD treatment. About 28% had prior residential treatment and about 40% had had prior outpatient treatment. There were no differences between "Becca" and "non-Becca" youth with regard to prior CD treatment.

- Nearly two-thirds of the youth in the study had had some prior mental health service utilization -- which most often consisted of outpatient services. There were no differences between "Becca" and "non-Becca" youth regarding lifetime use of mental health services.

II. CHARACTERISTICS OF TREATMENT EPISODE

"Becca" youth were very similar to "non-Becca" youth in terms of length of time in treatment, rates of treatment completion, and overall level of satisfaction with treatment. About half completed treatment, and even among those who did not complete treatment, the average length of stay in treatment was still about three weeks. About two-thirds of the youth indicated that they were at least somewhat satisfied with the treatment they received. Thus, although "Becca" youth appear to enter treatment in somewhat more of a crisis situation, once in treatment, they were as likely to complete treatment as "non-Becca" youth, and be equally satisfied with treatment. However, among those who did not complete treatment, "Becca" youth were somewhat more likely to leave treatment against the advice of staff.

III. TREATMENT OUTCOMES

Post-Treatment Drug Use

Drug use prevalence following treatment was assessed for two time periods: 30-days and three months prior to the post-treatment interview. Both were assessed in the same interview with youth that was conducted approximately four months following treatment admission . This time period was expected to be about three-months post-treatment discharge for most youth. The 30-day time frame was the same as the time frame used by TARGET, which was used to provide baseline pre-treatment information. The three-month time frame was selected to assess drug use over the full post-treatment follow-up period.

To simplify the discussion, the follow-up timeframe of 30 days and 3-months prior to the interview will be referred to as the 'last 30 days' and '3-months post-treatment'. However, it should be remembered that this time frame refers to the time prior to the interview and not necessarily the time since treatment completion.

DRUG USE DURING LAST 30 DAYS

- Post-treatment, 54% of the youth were abstinent from all alcohol and all other drugs in the past 30 days. Thirty percent reported use of alcohol and other drugs, 10% reported use of drugs only, and 5% reported use of alcohol only.

- Nearly two thirds of youth were abstinent from alcohol and marijuana. About 90% or more of youth were abstinent for all other drugs. "Becca" and "non-Becca" were similar in the proportion abstinent from alcohol and all other drugs.

Change in 30-Day Drug Use, Pre and Post Treatment.

To assess change in drug use, we compared 30-day drug frequency obtained in TARGET at treatment admission to the 30-day drug use frequency at follow-up. Because at admission, the frequency of alcohol and other drug use was assessed only for the primary, secondary, and tertiary drugs, we can only assess change in use for each drug among people for whom the drug was a primary drug of choice. (To simplify the discussion, from here on, when a drug is a primary, second, or tertiary drug of choice, it will be referred to as a primary drug of choice.) Thus, the number of people included in the analysis for each drug is based on the number for whom it was indicated as a primary drug of choice at treatment entry and is different for each drug. Note also that except for alcohol and marijuana, the number of youth included in the analysis for each drug is small. This is particularly true for opiates and inhalants.

- For all primary drugs of choice including alcohol, 30-day drug use prevalence post-treatment was substantially less than 30-day use prior to treatment. Thirty-day use prevalence for alcohol declined from 77% pre-treatment to 36% post-treatment. Thirty day use prevalence for alcohol declined from 87% pre-treatment to 41%, post-treatment. Among those who continued to use, drug use frequency declined from pre to post treatment.

THREE-MONTH DRUG USE

From the analysis of change in drug use for the primary drugs of choice based on 30-day prevalence, it is clear that abstinence increased and frequency of used decreased for primary drugs of choice. However, a larger proportion of youth reported using drugs in the three-months post treatment than in the last 30 days. Further, among those who used, the majority reported some problems with use.

- About 60% of the sample reported some alcohol or drug use post-treatment over a three-month period. Nine percent reported alcohol use only, 13% reported using illicit drug but no alcohol. and 40% reported using both alcohol and some form of illicit drug.

- Marijuana and alcohol were the most frequently used drugs following treatment (excluding nicotine). About half of the sample reported use during this time period. Other than marijuana, the most prevalent illicit drugs used post-treatment were hallucinogens and methamphetamines, with about 20% using each of these two drugs.

- Among those who drank alcohol in the three month follow-up period, over half reported that they typically drank 5 or more drinks on one occasion. Among youth who drank or used other drugs in the 3 months post treatment, the average number of problems reported was 5 (out of a possible 11), with only 12% of those who used substances reporting they had had no problems.

OTHER PROBLEM BEHAVIORS

Running From Home

- Although a larger proportion of "Becca" youth had run from home in the year prior to treatment, post-treatment there were no group differences in the proportion who had run from home in the 3-months post-treatment. In the year prior to treatment, 90% of Becca youth compared to 70% of "non-Becca" youth had run from home whereas post-treatment only 20% of youth from both groups had run from home.

- A third of youth had spent at least one night on the streets or in a shelter during the three months prior to treatment compared with 14% during the three months post-treatment.

Association with Drug Using Peers

Most youth (75%) reported that they had changed friends following treatment, and most reported that fewer of their friends got drunk regularly, smoked marijuana daily, or used more than one illicit drug post-treatment than did prior to treatment.

- Only 5% reported that prior to treatment none of their friends got drunk compared to 22% post-treatment.

- Only 3% reported that prior to treatment none of their friends smoked marijuana daily, compared to 29% post-treatment

- Only 8% reported that none of their friends used more than one illicit drug compared to 43% post-treatment

School Enrollment

- At treatment admission, 52% of "Becca" youth were enrolled in school at least part time compared to 75% of "non-Becca" youth. Post-treatment, there were no differences in the proportion of "Becca" and "non-Becca" youth enrolled in school.

- The proportion of youth enrolled in school increased post treatment. Two-thirds of all youth, and 71% of all youth who had not yet graduated or received a GED, were enrolled in school post-treatment.

School Suspensions and Expulsions

- A smaller proportion of youth were suspended or expelled following treatment than in the year prior to treatment. In the year prior to treatment about 68% of both groups reported school suspensions. Post-treatment, a third of "Becca" youth compared to 18% of "non-Becca" youth reported being suspended from school.

- In the year prior to treatment, 30% of youth had been expelled from school at least once, whereas post-treatment, only 6% had been expelled from school. There were no differences between "Becca" and "non-Becca" youth in the proportion expelled from school.

To control for the difference in the length of time for the pre-treatment and post-treatment follow-up periods, the number of suspensions reported was converted to a monthly rate. The rate of suspensions significantly decreased from pre to post treatment ($p<.01$).

Teenage Pregnancy

- Among females, about 40% of youth had a been pregnant at least once in their life.

This proportion of youth who had ever been pregnant appears to be quite high although directly comparable data is not available.

Delinquent Behavior

Across all of the delinquent behaviors assessed, there was a substantial decrease in delinquent behavior following treatment. Furthermore, the outcomes were very similar for "Becca" and "non-Becca" youth.

- 79% reported selling drugs pre-treatment compared to 28% post-treatment.

- 53% reported breaking and entering pre-treatment compared to 14% post-treatment.

Involvement with the Criminal/Juvenile Justice Systems

- 72% of youth were arrested in the year prior to treatment compared to 30% post-treatment

IV. SUBSEQUENT CHEMICAL DEPENDENCY AND MENTAL HEALTH TREATMENT

Subsequent Chemical Dependency Treatment

- Nearly 88% of youth reported receiving additional chemical dependency treatment following the initial treatment admission. About half reported some form of subsequent outpatient treatment and about a fifth of youth reported inpatient/residential treatment.

Subsequent Mental Health Treatment

- Overall, a third of youth reported some form of mental health treatment subsequent to their initial admission to chemical dependency treatment. Outpatient treatment was the most common type of subsequent mental health treatment and was more common among "Becca" youth than other youth.

V. PARENTS' VIEWS OF THE "BECCA" BILL AND USE OF ITS PROVISIONS

Source of Information About "Becca" Bill

- Nearly half of parents had heard of the "Becca" Bill from a CD treatment provider, and about a third heard of the "Becca" Bill from DCFS or the news/media.

Parents' Use of Becca Bill Provisions

Of the 159 parents who knew about the "Becca" Bill and/or its petition processes, only 86 parents (54%) considered applying for a petition. The reasons that parents chose not to apply were largely: (1) that their child was willing to go to treatment without it; hence the parent felt it was unnecessary (44.4%, n=32), (2) the parent did not know enough about the process (29.2%,

n=21) , (3) the parent did not think the petition would help or it did not help in past attempts (9.7%, n=7), or (4) the parent was told by a professional not to apply (5.6%, n=4).

ARY, CHINS, and ITA Process

Seventy-two parents considered using the ARY petition process, 12 considered using the CHINS petitions, and only two initiated an ITA. Of the parents considering an ARY petition, over two-thirds (n=49) actually had a petition completed through the court. The remaining third of parents did not complete this first stage of the process because the parent decided that the petition was not appropriate (30.0%, n=9), they were told by a professional not to proceed (30.0%, n=9), or the youth was arrested instead (10.0%, n=3). Eighteen parents had to pursue contempt of court charges against their child and 22 parents required additional court dates in the ARY process (primarily for quarterly review).

VI. PARENTS' VIEWS OF ADOLESCENT CHEMICAL DEPENDENCY TREATMENT

Access Issues and Barriers to Residential Chemical Dependency Treatment

- Overall, more than three-quarters of parents had "no problems" identifying, reaching, and obtaining an assessment for treatment admission, and most found the access process easy overall. About a quarter of parents reported prior unsuccessful treatment admission attempts for their child.

- Parents of "Becca" youth were significantly more likely than parents of "non-Becca" youth to report at least some problems with treatment access, especially identifying an assessor (36% vs. 20%). Problems with access to treatment included youth's resistance, financial problems, agency would not admit youth because drug use not considered serious enough, and being placed on a waiting list.

Youths' Cooperation with Entering Treatment

- Overall, the majority of youth went along with treatment but did so grudgingly (53.3%). Few youth appeared to resist treatment at all points. Nearly all signed consent forms for treatment. "Becca" youth were more likely to resist treatment admission (and less likely to voluntarily cooperate with it).

- Less than a quarter of the parents were aware that they could sign their child into treatment without the youth's consent.

Waiting Period From Time Residential Treatment Sought To Treatment Entry

- Becca youth were less likely than "non-Becca" youth, and privately funded youth were less likely than publicly funded youth to have to wait for treatment admission.
    - 46% of Becca youth compared to 61% of "non-Becca" youth were put on a treatment admission wait list.
    - 36% of privately funded youth compared to 63% of publicly funded youth were put on a treatment admission waitlist.
- Approximately two-thirds of parents reported that they had spent one month or longer trying to get their child an assessment for adolescent residential CD treatment.

Satisfaction with Residential CD Treatment and Recommendations

- Parent respondents were overall quite satisfied with residential treatment, with 76% reporting that they were either mostly satisfied or very satisfied. There was no significant difference between "Becca" and "non-Becca" parents regarding overall satisfaction with residential treatment.
- The most common recommendations for adolescent residential CD treatment include involving and informing parents more about their child's treatment, having longer-term treatment, and providing more secure and controlled treatment settings.

CONCLUSION

This evaluation was designed to examine whether the treatment outcomes of "Becca" youth were different from those of "non-Becca" youth. The results show that outcomes of "Becca" and "non-Becca" youth were similar and both groups improved. Thus, treatment had was equally effective for "Becca" as for "non-Becca" youth.

There are, however, several limitations to the study that should be noted.

- The logistics of the evaluation did not allow for both pre-treatment and post-treatment interviews to be conducted. Baseline information was obtained using different sources which introduced problems such as differential missing data, questions that were not completely parallel, or created limitations on the analyses that could be conducted or the level of detail available for interpreting results.
- The outcome data is primarily based on youth self-report, which may be biased toward reporting better outcomes. Although multiple data sources were used, the sources did not provide convergent data that could be used to verify self-report information.
- For some of the outcome domains, notably delinquency, runaway behavior, and peer drug use, the pre-treatment assessment is conducted retrospectively and is thus subject to bias. However, given the similarity of "Becca" and "non-Becca" youth as assessed using other sources of information, there is no compelling reason to believe that this recall bias would be

different for the two groups. It does however suggest that absolute numbers should be interpreted cautiously.

- For some of the outcome domains, the pre-treatment assessment timeframe is longer than that of the post-treatment follow-up. Thus, a decrease in reported behaviors could be attributed to a reduced opportunity to engage in this behavior. We converted the frequency of times engaged in the behavior pre and post treatment to rates, and found that there was still a decrease in the rates. This thus supports the conclusion that a reduction in problem behavior did in fact occur.

- In order to conduct the evaluation within the required timeframe, recruitment and follow-up was conducted within a very narrow window. The follow-up time period for most of the outcomes was over the past three months but nearly a quarter of the sample had not been out of treatment for the full three months. Most youth, however, had been out of treatment at least two months. Also, some of the youth had been admitted to other residential treatment programs, which limited their opportunity for engaging in problem behavior. However, given that there was not a difference between "Becca" and "non-Becca" youth in terms of either length of treatment or proportion who received subsequent treatment, this is not likely to have affected between-group comparisons.

- Finally, although retention rates did not appear to differ once initial consent was obtained, there was bias introduced into sample recruitment at initial contact by treatment agency staff. Furthermore, some agencies were reluctant to provide information on people who refused, particularly for privately funded youth and their families, and thus it was difficult to confirm whether or not the full target population had been asked to participate. When possible, sample recruitment for future evaluations should be conducted by research staff. To do this, however, requires additional resources.

It was somewhat surprising that "Becca" youth were not more different from other youth at treatment admission in terms of drug use, runaway history, and other problem behavior. We found that the majority of youth admitted to residential treatment come from troubled backgrounds. The majority abuse multiple substances and initiated drug use at an early age, most have a history of running from home, involvement in multiple problem behaviors, and involvement with the legal and juvenile justice systems. For most behaviors, "Becca" youth were very similar to "non-Becca" youth. Notable differences were that "Becca" youth were more likely than "non-Becca" youth to have a history of DCFS involvement with the family from an early age, and were perceived by parents to be in more of a crisis than "non-Becca" youth just prior to treatment.

"Becca" youth are currently given priority for residential treatment slots, along with pregnant adolescents and youth referred from juvenile detention. This policy is consistent with the goals of the "Becca" Bill. However, given the similarity in the troubled backgrounds of "Becca" and "non-Becca" youth, it does raise the question of whether giving treatment priority to "Becca" youth is the most judicious policy, particularly if the end result is that other high risk youth have to wait longer for treatment. Nearly a third of parents reported that their child waited three

months or more for an assessment. Particularly for adolescents, this is a long wait and may result in a missed window of opportunity for helping youth get back on the right track. This suggests that there is a need for increased resources of publicly funded treatment for adolescents.

Overall the treatment outcomes were positive and were virtually the same for both "Becca" and "non-Becca" youth.

- In terms of drug use, the majority of youth were abstinent from their primary drug of choice for at least 30 days, and among those who did use alcohol or drugs following treatment, the frequency of use over a 30-day period declined. Improved outcomes were also found across domains other than drug use.

- The proportion of youth who were enrolled in school increased whereas running from home, involvement in delinquent behavior, and arrests declined following treatment.

- "Becca" and "non-Becca" youth did not differ in the proportion who completed treatment or received subsequent chemical dependency treatment. Although "Becca" youth were as likely as other youth to complete treatment, only half of the youth completed treatment. Consistent with the continuum of care model, the majority of youth reported receiving subsequent treatment, with nearly half reporting subsequent outpatient treatment.

- Satisfaction with residential treatment for both youth and their parents appeared quite high.

There were some differences between parents of "Becca" and "non-Becca" parents in terms of perceived accessibility of treatment, although about 25% of both groups reported a previous unsuccessful attempt at getting their child into treatment.

- "Becca" parents were more likely than "non-Becca" parents to report more difficulty obtaining treatment assessment for their child and were to view getting their child into treatment as more difficult.

- Less than a quarter of parents were aware that they could admit their child to treatment without their consent.

These findings suggest that there is a need for outreach and education to inform parents about how they can access chemical dependency treatment.

INTRODUCTION

In July, 1995, the Washington State legislature enacted the At-Risk/Runaway Youth Act (Engrossed Second Substitute Senate Bill 5439, Chapter 312, Laws of 1995), known as the "Becca" Bill. This law was named after Rebecca Hedman, a runaway youth who was killed on the streets after running from treatment The law's intent was to help parents of runaway or at-risk youth regain control over their children and to obtain chemical dependency and mental health treatment for their children who were in need of these services. To this end, the legislation modified parental consent procedures for minor children, modified court procedures to compel children to enter treatment, authorized law enforcement to take runaway/at-risk youth to their parents' home or secure crisis residential centers, and established procedures for reporting and enforcing truancy laws.

The Division of Alcohol and Substance Abuse (DASA) was mandated to: (1) evaluate the residential chemical dependency (CD) treatment programs into which youth were admitted upon the application of their parents, and (2) conduct an objective evaluation of the appropriateness of residential CD treatment among a sample of youth admitted to treatment "upon the application of the parents" based on evaluation of the child's condition and the outcome of the youth's treatment. DASA contracted with the Alcohol and Drug Abuse Institute (ADAI) at the University of Washington to conduct the evaluation.

This report presents the findings of the evaluation of treatment outcomes for youth admitted to residential chemical dependency treatment under the provisions of the "Becca" Bill. Separate reports have been prepared on the appropriateness of treatment admission (Peterson, 1997), and the evaluation of treatment programs that have admitted "Becca" youth (Baxter and Peterson, 1997).

Overview of the ARY, CHINS, Truancy, and ITA Processes

Three different petition processes were incorporated in the "Becca" Bill, the At Risk Youth Petition (ARY), the Child in Need of Services petitions (CHINS) and the Truancy petition. The descriptions of the ARY and CHINS petition processes and how they relate to chemical dependency treatment admissions are based on information disseminated to treatment providers by DASA (DASA, 1996).

At Risk Youth Petition (ARY):

The At-Risk Youth Petition is a tool designed to give parents legal assistance in setting parameters, guidelines, and conditions of supervision for their out-of-control or runaway minor children. The ARY petition was enacted in 1990, and although it is a procedure mentioned in the "Becca" Bill, the "Becca" Bill did not change the ARY petition process. An ARY petition is filed in juvenile court with the assistance of the parent's local Division of Child and Family Services (DCFS) office after completion of a family assessment by a Family Reconciliation Services (FRS) case manger. Only a parent can file an ARY petition. The ARY petition is intended to be used as a last resort after all other alternatives to control the child or to get the child into treatment have failed.

After the proper filing of an ARY petition, the court will hold a fact-finding hearing within three days, and will either grant or deny the petition. If the ARY petition is granted, the court will either order the youth to remain in the family home or order an out-of-home placement requested by the parent or child and approved by the parent. Usually the out-of-home placement will be with a relative or a family friend. Within fourteen days of granting an ARY petition, the courts will hold a disposition hearing, during which the court may enter an order that will "assist the parent in maintaining the care, custody, and control of the child and assist the family to resolve family conflicts or problems." The court may set conditions of supervision for the youth that include: (a) regular school attendance; (b) counseling; (c) participation in outpatient substance abuse or mental health treatment program, and (d) any other condition the court deems an appropriate condition of supervision including but not limited to: employment, participation in an anger management program, and refraining from use of alcohol or drugs. Thus, under the ARY petition, a judge can order a youth to participate in outpatient treatment but not residential treatment. Presumably if a preponderance of evidence shows that the youth has an untreated chemical dependency problem and demonstrates an inability to refrain from using alcohol or other drugs, the judge could enter into the dispositional order that the youth is to follow the parent's plan for the youth, which may include participation in a residential treatment program.

An admission to residential treatment with an ARY petition is a voluntary admission and is not a court-ordered treatment. Youth can be court ordered to participate in a residential treatment program only under the Involuntary Treatment Act (RCW 70.96A.140) or as a condition of probation or parole. Treatment providers are not obligated to admit any child, but appropriate referrals for admission to treatment by a parent who has filed an ARY petition are considered a priority for those programs who receive state and county funding.

Youth who meet ARY petition criteria are youth under the age of 18 who:
(a) Are absent from home for at least 72 consecutive hours without consent of his or her parents
(b) Are beyond the control of his or her parent such that the child's behavior endangers the health, safety, or welfare of the child or any other person; or
(c) Have a substance abuse problem for which there are no pending criminal changes related to substance abuse.

Child in Need of Services Petition (CHINS)

The CHINS petition replaced the Alternative Residential Placement (APR). The purpose of the CHINS petition is to obtain a temporary out-of-home placement in a DCFS licensed and funded residential group home or foster home. A CHINS petition can be filed by a parent, a child, or by Department of Social and Health Services (DSHS). Residential treatment is not considered an out-of -home placement. There was initially some inappropriate use of the CHINS petition as a means to get youth into treatment due to the misunderstanding of the use of the terminology "out-of-home placement." DASA was initially including youth with CHINS petitions as "Becca" youth (see below), and thus they were included as such in this evaluation. In 1996 the "Becca" Bill was revised ("Becca Too", E2SHB-2217), and included provisions that minors who met

criteria for a CHINS petition were able to provide consent for residential treatment without parental consent.

Youth who meet CHINS petitions criteria are youth under the age of 18 who:

(a) Are beyond the control of his or her parents such that the child's behavior endangers the health, safety, or welfare of the child or other person;
(b) Have been reported to law enforcement as absent without parent consent for at least 24 consecutive hours on two or more separate occasions; AND have:
    (i) Exhibited a serious substance abuse problem;
    (ii) Exhibited behaviors that creates a serious risk of harm to the health, safety, or welfare of the child or any other person;
(c) Are in need of necessary services including food, shelter, health care, clothing, educational, or services design to maintain or reunited the family AND who
    (i) Lack access, or have declined to use these services; AND
    (ii) Whose parents have evidenced continuing but unsuccessful efforts to maintain the family structure or are unable or unwilling to continue efforts to maintain the family structure.

Truancy Petition

The "Becca" Bill requires school districts to file a truancy petition in juvenile court upon a child's fifth unexcused absence in a month, or upon a tenth unexcused absence in a year. If the petition is granted and the child fails to comply with the conditions of the court order, the court may assess fines, place the child into detention, or order alternatives to detention such as community service hours or participation in dropout prevention programs.

Involuntary Treatment

The Revised Code of Washington 70.96A.140 authorizes a designated county chemical dependency specialist to investigate and evaluate specific facts alleging that a person is incapacitated as a result of chemical dependency. If the designated chemical dependency specialist determines that the facts are reliable and credible, the specialist may file a petition for commitment of the person with the superior or district court. The "Becca" Bill added a new section that if the county specialist made the decision to not file a commitment petition for a youth, the parents or guardians could seek a review of this decision in court.

Definition of "Becca" Youth: Redefining "Upon Application of Parent"

The intent of the "Becca" legislation was to modify parental consent procedures allowing parents the right to admit minor children to residential treatment without the consent of their child. Specifically, the law stated that:

> The parent of any minor child may apply to an approved treatment program for the admission of his or her minor child for the purposes authorized in this chapter. The consent of the minor child shall not be required for the application or admission. The approved treatment program shall accept the application and evaluate the child for admission. (Section 47, Subsection 2)

Further, the "Becca" Bill specified that the outcomes of youth admitted to treatment "upon application of the parent" were to be evaluated. In practice, and in law prior to the "Becca" Bill, a parent was the *only* person who *could* apply and admit a minor to residential chemical dependency treatment agencies that were certified by the Division of Alcohol and Substance Abuse (DASA). Thus, *all* youth admitted to residential CD treatment were admitted upon application of their parents. Furthermore, although the Washington State Administrative Code recommends that youth consent be obtained before admission, prior to the "Becca" Bill, parents already were able to admit their youth to residential treatment without their consent.

In order for this evaluation to be responsive to the intent of the law, the definition of what was meant by "upon application of their parent" needed to be clarified. DASA determined that to be consistent with the intent of the law, the evaluation would consider youth admitted under the auspices of the Becca Bill, which was defined as youth meeting at least one of the following criteria:

- Youth admitted to residential treatment under an At-Risk Youth (ARY) or Children in Need of Services Petition (CHINS);
- Youth referred to residential treatment under the involuntary treatment (ITA) commitment regulations (RCW 70.96A.140);
- Youth admitted as a voluntary parent admission of a non-consenting youth; or
- Youth referred to treatment due to a truancy petition.

Throughout this report, "Becca" youth or "Becca" admission refer to youth meeting at least one of these four criteria.

Evaluation Questions

The primary aims of this outcome evaluation are to: 1) systematically describe youth admitted to residential chemical dependency treatment under the "Becca" Bill, and 2) evaluate the treatment outcomes of "Becca" youth four months following residential CD treatment admission. In addition, we provide information from parents on the processes they went through to obtain treatment for their children using provisions of the "Becca" Bill and their views on the treatment their children received. The evaluation addresses six primary questions:

I. What are the characteristics of "Becca" youth entering residential chemical dependency treatment and do they differ from other youth admitted to treatment?

One intent of the Bill is to help parents of out-of-control or chronic runaway youth who are chemically involved get their children into treatment. Based on the criteria for ARY, CHINS and ITA petitions, we might expect "Becca" youth to have a more serious and complex admission presentation than other youth admitted to treatment. In particular, we

would expect "Becca" youth to be more likely to have run away from home, to have spent more time living on the streets, and to exhibit higher levels of problem behaviors than other youth in treatment.

II. What are the characteristics of the treatment episode?

- **Are "Becca" youth equally likely to complete treatment as "non-Becca" youth?**

- **Among youth who do not complete treatment, are the reasons for treatment discharge different for "Becca" youth and "non-Becca" youth?**

- **Do "Becca" youth differ from "non-Becca" youth in terms of treatment satisfaction?**

The first step is to get youth who have substance abuse problems into treatment, the second is to keep them in treatment through completion. A question of primary interest is whether "Becca" youth complete treatment. It is expected that the main difference between "Becca" youth and "non-Becca" youth will be in terms of how they access treatment, and that once in treatment, they will be treated no differently than other youth and will not differ in terms of the treatment episode. We will also examine treatment satisfaction for both groups of youth.

III. What are the outcomes of youth following residential treatment, and are the outcomes of "Becca" youth different from those of other youth?

Treatment outcomes were assessed at roughly four months following treatment admission, and were compared to behavior prior to the treatment admission. The treatment outcome domains that are addressed are: alcohol and drug use, running behavior and living situation stability, drug use of friends, school problems, delinquent behavior, involvement with the criminal and juvenile justice system, and emotional well-being.

IV. What proportion of "Becca" and "non-Becca" youth receive subsequent chemical dependency and mental health treatment following the index admission.

Chemical dependency treatment has as its goal providing continuum of care whereby youth would follow residential treatment with some form of aftercare and/or outpatient treatment. Changing substance abuse behavior is a process, and for many people requires more than one residential treatment episode. Therefore, it is expected and considered desirable for youth to participate in outpatient treatment following residential treatment. We will examine the proportion of youth who have subsequent chemical dependency

treatment and the type of treatment they receive. A substantial percentage of the youth in treatment also have mental health issues. We also examine the proportion of youth who receive subsequent mental health services.

V. What are the parents' experiences using the "Becca" Bill processes and what are parents' views of the "Becca" Bill?

A central focus of the parent interview was to assess the processes parents went through to obtain treatment for their children using provisions of the "Becca" Bill, and to assess their views of the Bill overall. A series of questions relating to the stages of the ARY, CHINS, and Involuntary Treatment Admission processes were asked of parents to ascertain whether parents had systematically experienced difficulties completing the processes. Parents were also given the opportunity to describe what they felt were the strengths and weaknesses of the Bill.

VI. What are parents' views of adolescent chemical dependency treatment?

While youth are the primary treatment target for adolescent residential CD treatment, parents' views of treatment are also important. Parent involvement and coordination with the designated treatment program is critical for treatment success -- and this hinges on parents' positive perspective on the treatment. Parent satisfaction with residential and outpatient CD youth treatment, as well as what parents recommend for improving treatment will be described. Further, since parents are generally responsible for obtaining treatment for their children in the first place, we report treatment access problems and issues as experienced by parents.

METHODS

The study used a quasi-experimental post-test only design. Participants were recruited from six adolescent residential chemical dependency (CD) treatment agencies over a six-month period, from mid-June, 1996 through December, 1996. The study population consisted of all "Becca" youth admitted to residential treatment over a six-month period and a comparison sample of youth admitted to the same agencies over the same time period. One parent of each youth was also asked to participate in a parent interview, as well as provide consent for their child's participation.

The primary source of outcome information, youth interviews, were only able to be conducted post-treatment. However, to be able to examine pre-treatment differences between "Becca" and "non-Becca" youth and to assess change post-treatment, three sources of baseline or pre-treatment information were used: (1) TARGET, DASA's management information system, (2) youth reports provided retrospectively at the follow-up interview, and (3) parent interviews.

Recruitment Process

Participants were recruited by intake or counseling staff at six residential treatment agencies. All residential treatment agencies that had admitted "Becca" youth by the time of the study's initiation participated in the evaluation. These agencies were: Daybreak of Spokane, Lakeside-Milam Recovery Center (Burien agency), Ryther Child Center, Safe Passage, St. Peter Chemical Dependency Center, and Sundown M Ranch. Prior to the start of the recruitment process, the study's research coordinator met with staff at each of the agencies, provided training on research protocol, and provided staff with written material detailing the consent process. The written material included instructions for the consent gathering protocol that was presented at the training, staff scripts to introduce the study to parents and youth, forms to log information on participants who accept and decline participation, consent forms for adolescents and their parents, a tracking and locating form of youth contacts post-treatment, and release of information forms for TARGET treatment records held by DASA (or comparable records completed by the agency for privately-funded youth). Each agency designated a liaison person whom the research coordinator would contact at a scheduled time each week to review the number of admissions and discharges for that week, reasons for discharge, and the number and demographic characteristics of parents and youth who had consented or declined participation in the study. Specifically, agencies reported demographic characteristics (e.g., date of birth, ethnicity, funding type, "Becca" status) of youth who consented to participate and those who refused. Any problems encountered in the recruitment protocol were also discussed at this time.

The recruitment protocol was reviewed and approved by the Human Subjects Division at the University of Washington and the Human Research Review Board of the Washington State Department of Social and Health Services (DSHS). Agency staff approached adolescents and their parents upon intake for treatment admission, either in groups or individually depending upon the intake process of the agency. For parents, staff described the purpose of the study and requested their consent to be interviewed as well as their consent for their child to be contacted and interviewed. In concordance with the recommendations of the human subjects review committees, youth were only asked at the agency for their permission to be contacted by the evaluators for the follow-up interview and not actually asked to agree to be interviewed. Because the interview was not going to occur for another four-months, the review committees felt that consent needed to be obtained closer to the actual interview. Youth were provided at the agency with written material on the study. Also, a letter was sent to youth prior to being contacted for the interview that provided a copy of the consent information and description of the study. Youth were contacted by the interviewers only if their parents had given consent for their child to be interviewed and the youth had given their assent to be contacted. When contacted by phone to schedule an interview, interviewers conducted the full consent process and obtained oral assent from the youth to be interviewed.

Sample Design

Based on the number of "Becca" admissions that had occurred prior to the initiation of the study, we anticipated a small number of "Becca" admissions would occur during the six-month recruitment period. To obtain a sufficient sample size overall, the sample design called for a 3:1 ratio of "non-Becca" youth to "Becca" youth. The sampling design was stratified by agency and

funding source. We anticipated that the majority of "Becca" youth would be publicly funded. Based on the volume of publicly- and privately-funded youth entering the selected agencies over the six months prior to the study, we estimated that all publicly-funded youth needed to be included in the study. However, for several of the agencies, particularly the larger agencies, the majority of their clients were privately funded. Agencies were asked to recruit all privately funded "Becca" admissions, and for each such admission, to recruit the next three consecutive privately funded "non-Becca" admissions. Recruitment of comparison youth for each privately funded "Becca" admission was to continue until three privately funded admissions had been successfully recruited. Initially, some agencies elected to recruit all youth and their parents, regardless of funding source, believing that this might simplify the process for them. The interview sample was then to be selected from this larger recruited sample. This process, however, was found to be cumbersome and was abandoned after the first month or so and all agencies used the 3:1 "Becca" to "non-Becca" recruitment ratio for privately funded youth. However, as will be seen in the section on retention rates, there were 40 parents or youth who consented to participate and were not selected for the sample.

Interviewing Procedures

Parents and youth were interviewed over the phone by trained research interviewers. Parent interviews took approximately 25 minutes to complete while youth interviews took approximately 40 minutes.

Parent Interview

The focus of the parent interview was on the treatment admission process including the experiences of the youth that led the parent to seek treatment for their child, the process the parent used to obtain treatment, and, when appropriate, the parent's experience of the ARY and CHINS petition processes and the ITA process. Parent interviews were designed to be conducted one-month following admission of the adolescent to the residential CD treatment agency. As shown in Table 1, over 95% of the parents were interviewed within two months of their child's admission. Nearly two thirds of the parents were interviewed within the first month following their child's treatment admission, and another 30% were interviewed within the second month following their child's treatment admission.

Table 1: Length of Time Between Treatment Admission and Interview

INTERVIEW LAG TIME FROM ADMISSION	"NON-BECCA"	"BECCA"	OVERALL
	n=159	n=56	n=215
Parent interviews	% n	% n	% n
Less than 1 month	5.7 (9)	3.6 (2)	5.1 (11)
1 month	59.1 (94)	58.9 (33)	59.1 (127)
2 months	30.2 (48)	30.4 (17)	30.2 (65)
More than 2 months	5.0 (8)	7.1 (4)	5.6 (12)
Adolescent	n=143	n=49	n=192
interviews	% n	% n	% n
Less than 4 months	15.4 (22)	20.4 (10)	16.7 (32)
4 months	45.5 (65)	55.1 (27)	47.9 (92)
5 months	18.9 (27)	14.3 (7)	17.7 (34)
More than 5 months	20.3 (29)	10.2 (5)	17.7 (34)

The respondents for the parent interview were largely mothers of identified youth (see Table 2 below). Over three-quarters of the parent sample were mothers of youth, and fathers and other relatives comprised the bulk of other respondents (13% and 7%, respectively). There were no differences between "Becca" and "non-Becca" youth regarding respondent relationship. About 4% of the youth had a non-relative provide the parent information which included group care directors and non-relative parent figures such as partners of a parent.

Table 2: Parent Interview Respondent Relationship to Youth

	"NON-BECCA" n=160	"BECCA" n=56	OVERALL n=216	
RESPONDENT	% n	% n	%	n
Mother	75.0 (120)	80.4 (45)	76.4	(165)
Father	14.4 (23)	10.7 (6)	13.4	(29)
Other relative	7.5 (12)	3.6 (2)	6.5	(14)
Non-Relative	3.1 (5)	5.4 (3)	3.7	(8)

Data Source- Parent Interview

Youth Interview

The focus of the youth interviews was primarily on short-term outcomes. Adolescent interviews were designed to be conducted four months post-admission. The timing of the follow-up interviews was based on treatment admission dates, rather than treatment discharge dates (e.g., three months post discharge) in order to maximize the number of youth from whom we could obtain at least some post-treatment information. It was estimated that most youth would be in treatment for abut 30 days. A four-month lag between treatment admission and follow-up interview was chosen so that most youth would have been out of treatment for approximately three months. As shown in Table 1, nearly 50% of the youth were interviewed during the fourth month post admission, about 18% each were interviewed during month five, and another 18%

were interviewed more than five months post admission. Most of the youth were interviewed later than four months due to difficulty locating or contacting them by phone. There were no differences between "Becca" and "non-Becca" youth in the average length of time from treatment admission to the interview.

Most of the outcomes assessed in the post-treatment youth interview covered a three-month period. It should be noted because some of the youth were in treatment for more time, not all youth had been discharged for three months at the time of their interview. In fact, as shown in Table 3, 24% of the youth had been out of treatment less than three months. However, about 80% of those youth (37/46) had been out at least two months, and half (22/46) had been out of treatment at least two and a half months. The average number of days from discharge to the follow-up interview was 118.9 days (s.d.=43.7) and was not different for "Becca" and "non-Becca" youth.

Table 3: Length of Time from Treatment Discharge to Interview

INTERVIEW LAG TIME FROM DISCHARGE	"NON-BECCA" n=143		"BECCA" n=49		OVERALL n=192	
Youth Interviews	%	n	%	n	%	n
Less than 3 months	25.2	(36)	20.4	(10)	24.0	(46)
3 months	35.7	(51)	46.9	(23)	38.5	(74)
4 months	20.3	(29)	20.4	(10)	20.3	(39)
More than 4 months	18.9	(27)	12.2	(6)	17.2	(33)

Information Sources

Interviews

Two interview instruments were developed for the present study -- one for youth receiving residential chemical dependency (CD) treatment, and one for their parents. Whenever possible extant indices or questions were used.

Parent Interview

The parent interview assessed the following areas: adolescent CD treatment history and problems leading to current admission, CD treatment access issues and referral sources, CD treatment satisfaction and recommendations for improving treatment, involvement with collateral service systems prior to the index CD admission (e.g., mental health, DCFS, juvenile justice), and experience with and views regarding the "Becca" Bill.

Youth Interview

The youth interview assessed the following behaviors before and three months following the index treatment episode: substance use, school problems including suspensions, expulsions, and truancy, peer drug use, and problem behaviors (including criminal behavior and criminal involvement). In addition, the adolescent interview assessed CD treatment services received

following the initial treatment episode, satisfaction with the initial CD treatment episode, and subsequent medical and mental health service utilization.

TARGET

TARGET data were used for: (1) demographic information, (2) baseline pre-treatment assessment of outcome variables including drug use, criminal and judicial system involvement, and school enrollment, (3) information on the initial treatment admission including length of time in treatment and type of discharge, and (4) subsequent CD treatment admissions. Information from all publicly funded treatment admissions are regularly submitted by treatment agencies to DASA and entered into the TARGET data base. Most treatment agencies do not submit TARGET information on admissions that are funded solely by private sources. For this study, agencies submitted TARGET information on privately funded clients directly to the evaluation staff. TARGET data for publicly funded clients were extracted from DASA's main database. TARGET data were obtained for all but eight of the youth who were interviewed (n=184).

Because different sources of data were used for different components of the study, and each source of data had some missing data, sample sizes differ for the different sources. The maximum number of people included for each of the data sources is as follows:

- Youth Interview: 192 youth were interviewed.

- Parent Interview: 216 parents were interviewed, although one parent provided information on two of her children who were in treatment. However, of the 192 youth interviewed, only 164 (85%)of their parents were interviewed. Thus, for 52 of the parents interviewed, their child was not interviewed. These parents are excluded from analyses in which parent information is used to describe the youth sample, but are included in the analyses relating to use of the petition processes related to the "Becca" Bill, accessing treatment, and treatment satisfaction.

- TARGET: Information was obtained for 264 youth who initially consented for study participation and had signed release of information forms. Of the 192 youth who were interviewed, TARGET demographic and baseline information was obtained for 184 youth (96%). TARGET information was also extracted for chemical dependency treatment subsequent to the initial treatment admission, but this was only available for publicly funded youth (n=150) and is not used in this report.

Table 4 presents the sources of pre-treatment and post-treatment information for the treatment outcomes assessed in this study.

Table 4: Source of Outcome Information Pre- and Post-Treatment

INFORMATION	YOUTH INTERVIEW	TARGET DATABASE	PARENT INTERVIEW
Demographics		X	
Behavior Problems Leading to Tx			X
Runaway History, Pre- & Post-Tx	X		
Drug Use			
Pre-Tx		X	
Post-Tx	X		
Peer Drug Use, Pre- & Post-Tx	X		
School Enrollment			
Pre-Tx		X	
Post-Tx	X		
School Suspensions and Expulsions Pre- & Post-Tx	X		
Delinquent Behavior Pre- & Post-Tx	X		
Criminal & Juvenile Justice Involvement			
Pre-Tx Lifetime			X
Pre-Tx Prior Year		X	
Post-Tx	X		
Subsequent Tx			
Chemical Dependency	X	X*	
Mental Health	X		
Tx Completion & Length of Tx		X	
Treatment Satisfaction			
Youth	X		
Parent			X

**Because information on subsequent CD treatment was unavailable for privately funded youth, only information from the youth interview is presented.*

Analysis Methods

The primary analyses for this report compare "Becca" and "non-Becca" youth. Contingency table analyses are used for binary or categorical variables, and mean comparisons are used for continuous measures. The chi-square statistic was used to test for significant group differences for contingency tables, and the t-test was used for mean comparisons. Paired t-tests are used to compare pre-treatment and post-treatment differences. Standard significance levels of $p<.05$ are used to indicate a significant difference, whereas significance levels of $p<.06$-$.10$ are discussed as trend level differences.

Refusal and Retention Rates

Tracking and Locating Procedures

As part of the consent process, parents and youth were asked to provide names, phone numbers, and addresses of at least three people who would always know how to contact them including parents, other relatives, friends, case workers or probation officers. Parents and adolescents were only considered "lost to contact" if all contact information provided on their initial consent form had been exhausted, and were considered "unresponsive" if no one was reached by telephone within 10 attempts where messages were left. Often 20-30 total attempts were made to contact potential participants.

Percent of Total Study Population Contacted at the Agency.

A total of 447 families were asked to participate in the study: 87 "Becca" families (67 publicly-funded, 20 privately funded) and 360 "non-Becca" families (227 publicly funded and 133 privately funded). Of the 133 privately-funded "non-Becca" youth, there were 40 families from whom consents were obtained but were not selected for the interview in accordance with the 3:1 sampling ratio previously discussed. However, of this 40, there were 9 parents and 2 youth who were inadvertently interviewed and were maintained in the sample. Because the children of these nine parents were not interviewed, information from their interviews is not used as baseline data. Rather, the only information used from their interviews is for the section on treatment access processes and the "Becca" Bill.

- **About 85% of the total study population of publicly funded youth were asked to participate in the study.**

We were not able to procure a listing from each agency of the total number of admissions during the study time period. However, through weekly monitoring of admissions by the research coordinator, and information from DASA on "Becca" admissions, we were aware that there were some eligible youth that were not asked to participate. To estimate the percentage of youth missed at the initial contact point, we obtained the number of publicly funded admissions from the six participating treatment agencies during the study period from DASA based on TARGET information. From July 1996 through December 1996, 338 publicly funded youth were admitted to treatment. Of these, 287 were asked to participate in the study. Thus, the agencies attempted to recruit 85% of the eligible publicly funded population. However, it should be noted that this is a rough estimate as the agencies did not all begin recruiting on the same date and the TARGET information does not map on perfectly for each agency.

Parent Sample Retention

- **Overall, 63% of parents consented to participate in the study at initial contact.**
- **Parents of "Becca" youth were more likely than "non-Becca" parents to consent to participate in the study when initially contacted at the treatment agency (Table 5) this difference was due to the low rate of participation among parents of privately funded "non-Becca" youth.**
    - 74% of "Becca" parents compared to 61% of "non-Becca" parents agreed to participate in the study when initially contacted at the treatment agency *($p<.05$)*
    - 70% of parents of publicly funded youth, compared to 47.5% of parents of privately funded youth, agreed to participate in the study at initial contact *($p<.01$)*.

Only 43% of parents of privately funded "non-Becca" youth agreed to participate in the study, whereas about 70% or more parents of "Becca" youth and parents of publicly funded 'Non-Becca" youth initially agreed to participate. Among non-Becca parents the difference was statistically significant ($p<.01$).

- **Among parents who initially agreed to be interviewed, 84% (217) were successfully interviewed.**

90% of parents of all "Becca" youth (regardless of funding source) and privately funded "non-Becca" youth were interviewed, whereas about 80% of parents of publicly funded "non-Becca" youth were interviewed. These differences are not statistically significant.

Table 5: Parent Sample Retention

	"BECCA" PARENTS						"NON-BECCA" PARENTS						TOTAL	
	Public n=67		Private n=20		Total "Becca" n=87		Public n=220		Private n=102		Total "non-Becca" n=322		n=409	
Recruitment Rates of Eligible Sample at Initial Contact at Treatment Agency	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Refused at initial contact point	13	*19.4*	6	*30.0*	19	*21.8*	64	*29.1*	57	*55.9*	121	*37.6*	140	*34.2*
No parent available for parent interview (e.g., DCFS custody)	4	*6.0*	0	*0.0*	4	*4.6*	5	*2.3*	1	*1.0*	6	*1.9*	10	*2.4*
Total Refused at Initial Contact	17	*25.4*	6	*30*	23	*26.4*	69	*31.4*	58	*56.9*	127	*39.5*	150	*36.6*
Total Consented at Initial Contact	**50**	***74.6***	**14**	***70.0***	**64**	***73.6***	**151**	***68.6***	**44**	***43.0***	**195**	***60.6***	**259**	***63.3***
Refused/Lost At Follow-Up ***(Percentages based on parents who consented at initial contact)***	**Public n=50**		**Private n=14**		**Total "Becca" n=64**		**Public n=151**		**Private n=44**		**Total "non-Becca" n=195**		**n=259**	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Parent refused parent interview when contacted	3	*6.0*	2	*14.3*	5	*7.8*	14	*9.3*	4	*9.1*	18	*9.2*	23	*8.9*
Lost to contact	1	*2.0*	0	*0.0*	1	*1.6*	6	*4.0*	0	*0.0*	6	*3.1*	7	*2.7*
Unresponsive to repeated calls	1	*2.0*	0	*0.0*	1	*1.6*	11	*7.3*	0	*0.0*	11	*5.6*	12	*4.6*
Total Refused/Lost	5	*10.0*	2	*14.3*	7	*10.9*	31	*20.5*	4	*9.1*	35	*17.9*	42	*16.2*
TOTAL INTERVIEWED:	**45**	***90.0***	**12**	***85.7***	**57**	***89.1***	**120**	***79.5***	**40**	***90.9***	**160**	***82.1***	**217***	***83.8***

**This includes one parent who was interviewed twice, once for each child in treatment.*

Youth Retention Rates

As described previously, parents were asked at the initial study contact at the treatment agencies for both their consent to be interviewed as well as for their consent for their child to be interviewed. The youth were only asked at the treatment agencies for their assent to be contacted following treatment. If their assent was provided, then at the contact by study staff, youth assent to be interviewed was requested. Table 6 'Youth Sample Retention' details the retention of youth at different points in the study.

- **Parent consent and youth assent was obtained for 62% of all youth contacted at the treatment agencies. About 35% of parents did not provide consent for their child to participate and an additional 4% of youth did not want to be contacted after initial contact at the treatment agency.**

- **Initial consent rates were higher for "Becca" youth than "non-Becca" youth, and for publicly funded youth than for privately funded youth.**
    - Initial consent was obtained for 72% of "Becca" youth compared to 59% of "non-Becca" youth *($p<.05$)*.
    - Initial consent was obtained for 69% of publicly funded youth and 43% of privately funded youth *($p<.01$)*. The consent rates for "non-Becca" youth differed by funding source.
        - Initial consent was obtained only for 37% of privately funded "non-Becca" youth, whereas initial consent was obtained for nearly 70% of publicly funded "non-Becca" youth *($p< .01$)*.

- **Among youth for whom initial consent was obtained, 77% (n=192) were successfully interviewed.**
    - There were no significant differences in retention rates for "Becca" or "non-Becca" youth or for publicly vs. privately funded youth.
    - About 10% refused when later contacted, 2% were unresponsive to repeated calls and 8% were lost to contact.

Table 6: Youth Sample Retention

	"BECCA" YOUTH						"NON-BECCA" YOUTH						TOTAL	
	Public n=67		Private n=20		Total "Becca" n=87		Public n=220		Private n=95		Total "Non-Becca" n=315		n=402	
Recruitment Rates of Eligible Sample at Initial Contact (Treatment Agency)	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Parent Refused youth participation at initial contact point	11	*16.4*	6	*30.0*	17	*19.5*	64	*29.1*	58	*61.0*	122	*38.7*	139	*34.6*
Youth refused at initial contact point	7	*10.4*	0	*0.0*	7	*8.0*	6	*2.7*	2	*2.1*	8	*2.5*	15	*3.7*
Total refused at initial contact	**18**	***26.9***	**6**	***30.0***	**24**	***27.6***	**70**	***31.8***	**60**	***63.2***	**130**	***41.3***	**154**	***38.3***
Percent Successfully Recruited at Treatment Agency	**49**	***73.1***	**14**	***70.0***	**63**	***72.4***	**150**	***68.2***	**35**	***36.8***	**185**	***58.7***	**248**	***61.7***
REFUSED/LOST AT FOLLOW-UP	**Public n=49**		**Private n=14**		**Total "Becca" n=63**		**Public n=150**		**Private n=35**		**Total "Non-Becca" n=185**		**n=248**	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Parent refused youth interview when contacted	1	*2.0*	0	*0.0*	1	*1.6*	3	*2.0*	2	*5.7*	5	*2.7*	6	*2.4*
Adolescent refused when contacted	3	*6.1*	1	*7.1*	4	*6.3*	16	*10.7*	4	*11.4*	20	*10.8*	24	*9.7*
Lost to contact	7	*14.3*	1	*7.1*	8	*12.7*	11	*7.3*	1	*2.9*	12	*6.5*	20	*8.1*
Unresponsive to repeated calls	0	*0.0*	1	*7.1*	1	*1.6*	2	*1.3*	3	*8.6*	5	*2.7*	6	*2.4*
Total Refused/Lost	11	*22.4*	3	*21.4*	14	*22.2*	32	*21.3*	10	*28.6*	42	*22.7*	56	*22.6*
TOTAL INTERVIEWED (Percent of Youth who Initially Agreed)	38	*77.6*	11	*78.6*	49	*77.8*	118	*78.7*	25	*71.4*	143	*77.3*	192	*77.4*

Comparison Between Later Refusers/People Lost to Contact and Study Participants

- **There were no differences by age, ethnicity, or gender for those youth who were interviewed and those youth who were approached to be interviewed but either refused or were lost to follow-up.**

Table 7: Comparison of Youth Interviewed with Youth Who Refused or Were Lost to Follow-Up

DEMOGRAPHIC CHARACTERISTICS	NOT INTERVIEWED n=255	INTERVIEWED n=192	OVERALL n=447
Gender	% n	% n	% n
Female	41.2 (105)	35.9 (69)	38.9 (174)
Ethnicity/Race			
Caucasian	78.4 (200)	82,3 (158)	80.1 (358)
Native American	7.5 (19)	7.3 (14)	7.4 (33)
Hispanic	7.5 (19)	4.2 (8)	6.0 (27)
African American	3.9 (10)	4.7 (9)	4.3 (19)
Asian American	2.7 (7)	1.6 (3)	2.2 (10)
Age			
Mean age	*15.64 SD=1.35*	*15.44 SD=1.33*	*15.55 SD=1.35*

Data Source: TARGET

During weekly conversations with agency contacts the project coordinator collected the demographic characteristics of all youth approached to be interviewed. To determine whether there was systematic bias in the sample, we compared demographic characteristics of those youth who were interviewed (n=192) with those youth who were not interviewed, either because they refused or they were lost to follow-up (n=255). No statistically significant differences were found between these two groups for the demographic variables considered (See Table 7).

TARGET data were available for 184 of the 192 who were interviewed as well as for 80 youth who consented initially but later refused or were lost to follow-up. TARGET includes much additional information beyond that presented in Table 7 and in turn it was analyzed to further examine whether, among youth who initially consented to participate, there were any differences between those who were and were not interviewed. Analysis of time in treatment, treatment completion, school enrollment status at the time of admission, reason for discharge from treatment, and arrests in the previous year revealed no significant differences between those who were and were not interviewed (data not shown).

FINDINGS

I. Characteristics of "Becca" and "non-Becca" Youth Prior to Admission to Residential Chemical Dependency Treatment

Demographic Characteristics

- **"Becca" youth and "non-Becca" youth were similar in terms of age, ethnic background, and proportion receiving public funding. There were trend level differences between "Becca" youth and "non-Becca" youth in the proportion who were female.**
  - **47% of "Becca" youth compared to 32% of "non-Becca" youth were female.**
  - **The average age of youth was 15.8.**
  - **81% of the sample were Caucasian.**
  - **About 82% of the sample received at least some public funding for treatment.**

Table 8: Gender, Age, and Ethnicity by "Becca" and "Non-Becca" Youth

DEMOGRAPHICS	"NON-BECCA" n=143		"BECCA" n=49		OVERALL n=192	
Gender	%	n	%	n	%	n
Male	68.5	(98)	53.1	(26)	64.6	(124)
Female	31.5	(45)	46.9	(23)	35.4	(68)
Age	%	n	%	n	%	n
13 or younger	8.4	(12)	20.4	(10)	11.5	(22)
14	16.8	(24)	14.3	(7)	16.1	(31)
15	25.9	(37)	26.5	(13)	26.0	(50)
16	24.5	(35)	28.6	(14)	25.5	(49)
17	24.0	(35)	8.2	(4)	20.3	(39)
18 or older	0.0	(0)	2.0	(1)	0.5	(1)
Mean age:	*15.9*		*15.4*		*15.8*	
Race/Ethnicity	%	n	%	n	%	n
Caucasian	83.7	(113)	72.9	(35)	80.9	(148)
African American	3.7	(5)	4.2	(2)	3.8	(7)
Native American	8.9	(12)	10.7	(5)	9.3	(17)
Asian	1.5	(2)	0.0	(0)	1.1	(2)
Hispanic	1.5	(2)	8.3	(4)	3.3	(6)
Other	0.7	(1)	4.2	(2)	1.6	(3)
Funding Source	%	n	%	n	%	n
Publicly Funded	83.2	(119)	77.6	(38)	81.8	(157)
Privately Funded	16.8	(24)	22.4	(11)	18.2	(35)

Primary Data Sources-was TARGET (n=184). Demographic data provided by agencies to the research coordinator was included for youth for whom TARGET data were missing (n=8).

Overall, "Becca" youth and "non-Becca" youth were similar in terms of demographic characteristics. A larger proportion of "Becca" youth (46.9%) were female than "non-Becca" youth (31.5%), although this was significant at only a trend level ($p<.06$). Over 80% of the sample was Caucasian, 9% were Native American/Alaskan Native, 4% were African American, 3% were Hispanic, 1% were Asian-American, and 1.5% were of other ethnic background. Although it appears that a larger proportion of "Becca" youth (27%) were from an ethnic minority than "non-Becca" youth (15%), this difference was not significant ($p<.11$).

History of Running From Home

- **In the year prior to treatment, 90% of "Becca" youth and 70% of "non-Becca" youth had run from home. Although the proportion was high for both groups, this was a statistically significant difference.**

- **A third of youth had spent at least one night on the streets or in a shelter. The proportion of youth who had spent nights on the streets or in shelters in the 3-months prior to treatment was similar for "Becca" and "non-Becca" youth.**

- **The average number of places youth reported living in the 3-months prior to treatment was 3.5. Nearly a quarter of the youth had lived in 4 or more places during this time.**

Table 9: Living Situation Prior to Treatment

RUNAWAY HISTORY	"NON-BECCA"	"BECCA"	OVERALL
% Ran away in year prior to tx	% n=142	% n=48	% n=190
% Yes*	69.7 (99)	89.6 (43)	74.7 (142)
Average number of times ran away in year prior to tx			
Average number times	*8.1*	*13.3*	*9.4*
% spent any nights outside home/ in shelter, 3 months prior to treatment	% n=143	% n=49	% n=192
% Yes	34.3 (49)	30.6 (15)	33.3 (64)
LIVING SITUATION STABILITY			
Number of places lived 3 months prior to treatment	% n=143	% n=49	% n=192
1	43.4 (62)	44.9 (22)	43.8 (84)
2-3	32.2 (46)	36.7 (18)	33.3 (64)
4-6	13.3 (19)	14.3 (7)	13.5 (26)
7 or more	11.2 (16)	4.1 (2)	9.4 (18)
Average	*3.3 (143)*	*4.0 (49)*	*3.5 (192)*

Data Source- Youth Interview

* *Difference is significant at $p<.01$*

The "Becca" Bill was developed in part to increase parents' access to treatment services for their children who were chronic runaways or "out of control." We thus expected that "Becca" youth would have run away more times prior to treatment than "non-Becca" youth. As shown in Table 9, nearly 90% of "Becca" youth, compared to 70% of "non-Becca" youth had run away from home in the year prior to treatment($p<.01$). However, the number of times youth ran away was not different for the two groups of youth. For both "Becca" and "non-Becca" youth, the proportion of youth who had run away, and the number of times they reported running away from home, was high.

In the three months prior to treatment, there also were no differences between the two groups in the proportion who had spent at least one night in a shelter or on the streets, with about a third of the youth having done so. Among this third, the median number of nights spent on the streets in the three months prior to treatment was seven, with a range from 1 to 90 (not shown). The number of nights spent on the streets was not significantly different between 'Becca" and "non-Becca" youth.

As an indication of living situation instability, we asked youth, retrospectively, the number of different places that they lived in the 3-months prior to treatment. About a quarter of the sample reported having lived in four or more places during this time period, with an overall average of 3.5 places. Thus, although a larger proportion of "Becca" youth reported having running from home, the findings suggest that a high proportion of all youth in residential treatment have a history of running from home multiple times and had unstable living situations prior to treatment.

Drug Use Prior to Treatment

TARGET data served as the baseline measure of drug use at treatment entry. Treatment agency staff assessed the primary, secondary, and tertiary drugs of choice based on youths' self report of drug use frequency in the 30 days prior to treatment. Thus, information of drug use is obtained on a maximum of three drugs per client. Table 10 displays the proportion of youth for whom each drug was indicated as a primary, secondary, or tertiary drug of choice.

- **The primary drug of choice was similar for "Becca" and 'non-Becca" youth.**
  - **Marijuana was the primary drug of choice for 68% of the youth.**
  - **Alcohol was the primary drug of choice for 19% of the youth.**

Table 10: Primary, Secondary, and Tertiary Drugs of Choice at Time of Admission

DRUG USE	NON-BECCA		BECCA		OVERALL	
Primary Drug	%	n=136	%	n=48	%	n=184
Marijuana	67.6	(92)	68.8	(33)	67.9	(125)
Alcohol	18.4	(25)	18.8	(9)	18.5	(34)
Methamphetamine	5.1	(7)	2.1	(1)	4.3	(8)
Cocaine/Crack	2.2	(3)	2.1	(1)	2.2	(4)
Opiates	2.2	(3)	0.0	(0)	1.6	(3)
Amphetamines/Other Stimulants	2.2	(3)	4.2	(2)	2.7	(5)
Hallucinogens	2.2	(3)	2.1	(1)	2.2	(4)
Inhalants	0	(0)	2.1	(1)	0.5	(1)
Secondary drug	%	n=136	%	n=48	%	n=184
Alcohol	52.2	(71)	43.8	(21)	50.0	(92)
Marijuana	18.4	(25)	18.8	(9)	18.5	(34)
Hallucinogens	8.8	(12)	10.4	(5)	9.2	(17)
Tobacco	6.6	(9)	12.5	(6)	8.2	(15)
Cocaine/Crack	3.7	(5)	6.3	(3)	4.3	(8)
Methamphetamine	4.4	(6)	2.1	(1)	3.8	(7)
Amphetamines/Other Stimulants	2.9	(4)	2.1	(1)	2.7	(5)
Inhalants	0.7	(1)	2.1	(1)	1.1	(2)
Opiates	0	(0)	2.1	(1)	0.5	(1)
None	2.2	(3)	0	(0)	1.6	(3)
Tertiary drug	%	n=132	%	n=48	%	n=180
Tobacco	48.5	(64)	50.0	(24)	48.9	(88)
Alcohol	7.6	(10)	14.6	(7)	9.4	(17)
Hallucinogens	9.1	(12)	8.3	(4)	8.9	(16)
Marijuana	6.8	(9)	4.2	(2)	6.1	(11)
Cocaine/Crack	6.1	(8)	0.0	(0)	4.4	(8)
Inhalants	3.8	(5)	4.2	(2)	3.9	(7)
Amphetamines/Other Stimulants	3.0	(4)	4.2	(2)	3.3	(6)
Methamphetamine	3.0	(4)	2.1	(1)	2.8	(5)
Opiates	2.3	(3)	2.1	(1)	2.2	(4)
Other	0.8	(1)	0.0	(0)	0.6	(1)
Over the counter	0.8	(1)	0.0	(0)	0.6	(1)
None	8.3	(11)	10.4	(5)	8.9	(16)

Data Source- TARGET

- **There were significant gender differences in the primary drug of choice.**
  - **Marijuana was the primary drug of choice of nearly 80% of males compared to less than 50% of females.**
  - **Females were nearly three times as likely as males to have alcohol as the primary drug of choice, and over twice as likely as males to have some form of illicit drug other than marijuana as the primary drug of choice.**
    - **Alcohol was the primary drug of choice for 31% of females compared to 12% of males**
    - **Illicit drugs other than marijuana were the primary drug of choice for 22% of females compared to 9% of males.**

Table 11: Primary Drug of Choice by Gender

DRUG	MALE n=119		FEMALE n=65		OVERALL n=184	
	%	n	%	n	%	n
Marijuana**	79.0	(94)	47.7	(31)	67.9	(125)
Alcohol**	11.8	(14)	30.8	(20)	18.5	(34)
Other Illicit Drugs*	9.2	(11)	21.5	(14)	13.6	(25)

Data Source- TARGET

* *Statistically significant difference between males and females, p<.05.*

** *Statistically significant difference between males and females, p<.01.*

Although marijuana was the primary drug of choice for the largest proportion of both males and females, a greater proportion of females compared to males had alcohol or some other illicit drug as the primary drug of choice. Methamphetamine was the most prevalent other drug used by females and was the primary drug of choice for about 11% (7) of females, compared to only 0.8% (1) of males (not shown). Opiates were the primary drug of choice for about 5% (3) of females and no males. For males, the most prevalent illicit drugs other than marijuana were cocaine/crack (3.4%) and hallucinogens (2.5%). The numbers are small so conclusions must be made cautiously, but it does suggest that there may be some important gender differences in drug use for youth admitted to residential treatment.

- **Polydrug use was the norm for the vast majority of youth interviewed.**
  - **97% of the sample had at least two drugs of choice at treatment entry, with over a third reporting three drugs of choice.**

Table 12: Number of Drugs Used Prior to Treatment, Not Including Tobacco

NUMBER OF PRIMARY, SECONDARY, OR TERTIARY DRUGS	"BECCA" n=136		"NON-BECCA" n=48		TOTAL n=184	
	%	n	%	n	%	n
1 drug	2.2	(3)	6.3	(3)	3.3	(6)
2 drugs	63.2	(86)	60.4	(29)	62.5	(115)
3 drugs	34.6	(47)	33.3	(16)	34.2	(63)

Data Source- TARGET

At treatment entry, nearly all youth reported to the treatment staff at least two different drugs of choice, not including tobacco, and a third reported at least three different drugs of choice. However, it should be noted that because TARGET only assesses primary, secondary, and tertiary drugs and does not ask about all drugs used, the maximum number of drugs that could be reported was three. Thus, this table likely underestimates the actual number of drugs used. There were no differences between "Becca" and "non-Becca" youth in the number of primary, secondary, or tertiary drugs reported.

Youth also initiated drug use at an early age. The average age of first drug use for both "Becca" and "non-Becca" youth was about age 10 across all drugs including alcohol and tobacco, and about age 12 for drugs excluding tobacco.

Table 13 combines the prevalence of drug use across primary, secondary, and tertiary drugs. Again, although this provides some indication of the use prevalence for each of the different types of drugs, it is probably an underestimate on the assumption that many of the youth used more than three different drugs.

- **Marijuana and alcohol were indicated as either primary, secondary or tertiary drugs of choice for a majority of youth, although hallucinogens and stimulants were drugs of choice for a substantial proportion of youth.**
    - **Marijuana was indicated as a drug of choice for over 90% of the youth.**
    - **Alcohol was indicated as a drug of choice for over 75% of the youth.**
    - **Hallucinogens were a drug of choice for about 20% of youth.**
    - **Methamphetamines and Cocaine/Crack were each a drug of choice for about 11% of youth.**

Table 13: Drugs of Choice (either primary, secondary, or tertiary) by "Becca"

DRUG	n	"NON-BECCA" %	"NON-BECCA" n	"BECCA" %	"BECCA" n	OVERALL %	OVERALL n
Marijuana	184	91.9	(125)	91.7	(44)	91.8	(169)
Alcohol	184	77.9	(106)	77.1	(37)	77.7	(143)
Hallucinogens	184	19.9	(27)	20.8	(10)	20.1	(37)
Methamphetamine	184	12.5	(17)	6.3	(3)	10.9	(20)
Cocaine/Crack	184	11.8	(16)	8.3	(4)	10.9	(20)
Amphetamines/Other Stimulants	180	8.3	(11)	10.4	(5)	8.9	(16)
Inhalants	183	3.7	(5)	8.3	(4)	4.9	(9)
Opiates	180	4.5	(6)	4.2	(2)	4.4	(8)
Tobacco	184	53.7	(73)	62.5	(30)	56.0	(103)

Data Source- TARGET

Marijuana and alcohol were indicated as a drug of choice for most of the sample, 92% and 78% respectively. Hallucinogens were indicated as a drug of choice for nearly 20% of the sample, and crack/cocaine and methamphetamine for nearly 11% each. Methamphetamines were indicated as drugs of choice for nearly twice the proportion of "non-Becca" youth compared to "Becca" youth, although the number of youth involved was small and the difference was not statistically significant.

- **There were no gender differences in the proportion for whom alcohol or marijuana were drugs of choice.**
- **Females were more likely than males to report methamphetamines as a drug of choice.**
    - **22% of females compared to 5% of males reported methamphetamine as a primary, secondary, or tertiary drug of choice.**

Table 14: Drug of Choice (either primary, secondary, or tertiary) by Gender

DRUG	n	MALE %	MALE n	FEMALE %	FEMALE n	OVERALL %	OVERALL n
Marijuana	184	94.1	(112)	87.7	(57)	91.8	(169)
Alcohol	184	79.8	(95)	73.8	(48)	77.7	(143)
Hallucinogens	184	19.3	(23)	21.5	(14)	20.1	(37)
Methamphetamine*	184	5.0	(6)	21.5	(14)	10.9	(20)
Cocaine/Crack	184	11.8	(14)	9.2	(6)	10.9	(20)
Amphetamines/Other Stimulants	180	9.6	(11)	7.7	(5)	8.9	(16)
Inhalants	183	4.2	(5)	6.2	(4)	4.9	(9)
Opiates	180	3.5	(4)	6.2	(4)	4.4	(8)
Tobacco	184	57.1	(68)	53.8	(35)	56.0	(103)

Data Source- TARGET

**Statistically significant difference, $p<0.01$*

Table 14 presents information on prevalence of drugs abused across primary, secondary, and tertiary drugs by gender. As already noted, marijuana and alcohol were the most prevalent drugs of choice, and there were no significant gender differences for these drugs. There were, however, gender differences for the proportion for whom methamphetamines was a drug of choice. Methamphetamines were a drug of choice for about 22% of females compared to only 5% of males (*p<.01)*. Hallucinogens were a drug of choice for about 20 % of both males and females.

School Enrollment and School Suspensions or Expulsions

- **During the year prior to treatment only about half the sample had been in school all year.**

- **At treatment admission, "Becca" youth were twice as likely as "non-Becca" youth to have dropped out of school.**

    - **Over 50% of "Becca" youth were not enrolled in school compared to 25% of "non-Becca" youth.**

Table 15: School Enrollment Prior to Treatment

ENROLLMENT STATUS	"NON-BECCA"		"BECCA"		OVERALL	
Enrollment Status Year Prior to Admission	%	n=143	%	n=49	%	n=192
Yes, all year	50.3	(72)	55.1	(27)	51.6	(99)
Yes, part of year	44.1	(63)	36.7	(18)	42.2	(81)
No	5.6	(8)	8.2	(4)	6.3	(12)
Enrollment Status at Treatment Admission	%	n=136	%	n=48	%	n=184
Not Enrolled**	25.0	(34)	47.9	(23)	31.0	(57)
Part Time	5.1	(7)	0.0	(0)	3.8	(7)
Full Time	69.9	(95)	52.1	(25)	65.2	(120)

Data Source: TARGET and Youth Interview
***significant difference at p<.01*

Information in Table 15 on school enrollment during the year prior to treatment came from the youth interview, and information on school enrollment at treatment admission came from TARGET. Over 90% of youth had been enrolled in school at some point during the year prior to treatment. At the time of admission to treatment a quarter of "non-Becca" youth and about half of "Becca" youth were not enrolled in school (p<.01).

- **"Becca" youth were more likely than "non-Becca" youth to have had a truancy petition filed prior to residential treatment.**
    - **About a third of "Becca" youth compared to 16% of "non-Becca" youth had had a truancy petition filed in the year prior to treatment.**
- **The majority of both "Becca" and "non-Becca'" youth had been suspended or expelled from school in the year prior to treatment entry.**
    - **Two-thirds of youth had been suspended from school and over a quarter had been expelled from school in the year prior to treatment**

Table 16: School Related Problems During the Year Prior to Treatment

		NON-BECCA	BECCA	OVERALL
SCHOOL PROBLEMS	**n**	**% n**	**% n**	**% n**
Truancy petition filed *	178	15.7 (21)	34.1 (15)	20.2 (36)
Suspended from school	177	66.9 (89)	68.2 (30)	67.2 (119)
Expelled from school	179	27.4 (37)	29.5 (13)	27.9 (50)

Data Source: Youth Interview

* *difference is significant at p<.01*

Youth who had been in school for at least part of the year prior to treatment were asked whether during that year a truancy petition had been filed, whether they had been suspended from school, and whether they had been expelled. Overall this group of youth had high levels of school related problems. A greater proportion of "Becca" youth than "non-Becca" youth had truancy petitions filed. There were no differences between the groups in the proportion who reported being suspended or expelled in the year prior to treatment.

Teenage Pregnancy

- **Among females, about 40% of youth had a been pregnant at least once in their life.**

Table 17: Lifetime History of Pregnancy

	"NON-BECCA"	"BECCA"	OVERALL
Females: Ever been pregnant	**% n=47**	**% n=23**	**% n=70**
Yes	34.0 (16)	47.8 (11)	38.6 (27)
No	66.0 (31)	52.2 (12)	61.4 (43)
Males: Ever gotten someone pregnant	**% n=96**	**% n=26**	**% n=122**
Yes	29.2 (28)	19.2 (5)	27.0 (33)
No	66.7 (64)	80.8 (21)	69.7 (85)
Don't know	4.2 (4)	0.0 (0)	3.3 (4)

Data Source- Youth Interview

The data presented in table 17 shows that almost 40% of the girls in this sample aged 15-17 had been pregnant at some point. The pregnancy rate in Washington state for 1994 was 52.2 per 1,000 girls ages 15 to 17 (Seattle-King County Department of Public Health, 1996). This means that about 5% of girls in this age range got pregnant during 1994. It is not possible to compare a lifetime prevalence with a one year incidence rate. Nevertheless, the pregnancy rate for the youth in this sample appears to be quite high.

DCFS Service Utilization

- **Overall, 41% of youth in the study sample had used some type of DCFS service in their lifetime, and the average age of first use of services was about age 12.**

- **"Becca" youth were twice as likely as "non-Becca" youth to have been involved with DCFS. Two thirds of "Becca" youth compared to 31% of "non-Becca" youth had received some type of DCFS services.**

    - **For both CPS and FRS, 32% of Becca youth compared to 15% of "non-Becca" youth had received services.**

    - **About 8% of "Becca" and "non-Becca" youth had received some form of foster care.**

Table 18: Prevalence of Prior DCFS Involvement

DCFS INVOLVEMENT	n	"NON-BECCA"	"BECCA"	OVERALL
		% n	% n	% n
Any DCFS involvement*	164	30.8 (37)	68.2 (30)	40.9 (67)
Type of Services				
CPS involvement*	162	15.3 (18)	31.8 (14)	19.8 (32)
Family Reconciliation Services (FRS)*	162	15.3 (18)	31.8 (14)	19.8 (32)
Family Preservation Services (FPS)	162	0.8 (1)	0.8 (1)	1.2 (2)
Foster care	163	7.6 (9)	9.1 (4)	8.0 (13)
Other DCFS involvement	162	4.2 (5)	11.4 (5)	6.2 (10)
Age of First Use of DCFS services				
Average Age	64	*11.4 SD=3.86*	*12.2 SD=3.65*	*11.7 SD=3.76*

Data Source: Parent Interview

**Significant difference between "Becca" and "non-Becca" youth at $p<0.05$.*

DCFS (now called Children's Administration) offers services to protect children from abuse and neglect, strengthen families, and promote healthy child growth and development (S. Young, personal communication, August 26, 1997). We asked parents whether their child had received any of four specific types of DCFS services: Child and Protective Services (CPS), Family Reconciliation Service (FRS), Family Preservation Services (FPS), and Foster Care.

- CPS services include 24-hour intake, assessment, emergency intervention, and emergency medical services for accepted referrals. If children are found to be at risk of abuse, services could include direct treatment, coordination, and the development of community services, legal intervention and case monitoring.

- FRS is provided to help families deal with problems such as their child running away, not following family rules, or serious problems between parents and their child. The services are voluntary and are intended to keep the family together and prevent out-of-home placement. Services include intake and assessment, crisis counseling and, when appropriate, short-term placement of the youth (DSHS, 1995). Ideally, families would receive FRS services prior to filing an ARY or CHINS petition.

- FPS is for families where there is a substantial likelihood of foster care placement. Like FRS, FPS is a voluntary service and it provides in-home therapeutic services for up to 6-months (DSHS, 1996).

- Foster Care provides services to children who need short-term or temporary protection because they are dependent, abused, neglected, and/or can not live with their parents because of conditions which threaten their normal development (S. Young, personal communication, August 26, 1997).

As one might expect, "Becca" youth were more likely to have a history of DCFS involvement than "non-Becca" youth. This was particularly true for Child and Protective Services (CPS) and Family Reconciliation Services (FRS). For both CPS and FRS, about 32% of the "Becca" families compared to 15% of the "non-Becca" families had used the services ($p<.05$). Eight percent of the youth had been in foster care. Overall, DCFS services were first used at an average age of 11.5, indicating that these families had been having difficulty for a number of years.

Problems That Led Up To Residential CD Admission

- **Parents reported of both "Becca" and "non-Becca" youth portray youth experiencing multiple problems.**

    - **Drug involvement or abuse led to treatment for 90% of youth and alcohol involvement or abuse led to treatment for 83% of youth.**

    - **Truancy and academic problems were experienced by 80% of the youth.**

    - **Physical aggression and criminal behavior were experienced by over 60% of the youth.**

    - **Anger management problems were experienced by over 90% of the youth and depression by over 80% of the youth.**

- **Some differences between parent reports of youth problems prior to treatment were found for "Becca" and "non-Becca" youth.**
    - **All of the parents of "Becca" youth compared to 81% of "non-Becca" youth reported their children as out of control.**
    - **86% of "Becca" youth compared to 50% of "non-Becca" youth reported their child had run from home.**
    - **Two-thirds of "Becca" youth compared to nearly 40% of "non-Becca" youth were reported as sexually acting out**
    - **Over half of "Becca" youth compared to over a third of "non-Becca" youth were reported to have had suicidal thoughts or actions.**

Table 19: Problems Leading to Residential CD Treatment

PROBLEM CATEGORY		"NON-BECCA" YOUTH		"BECCA" YOUTH		OVERALL	
PROBLEM BEHAVIORS	**Row N**						
Drug Involvement		% yes	n	% yes	n	% yes	n
Drug Involvement/Abuse	162	88.1	(104)	97.7	(43)	90.7	(47)
Alcohol Involvement/Abuse	160	80.2	(93)	88.6	(39)	82.5	(132)
Family Issues		% yes	n	% yes	n	% yes	n
Beyond Control of Parents*	163	80.7	(96)	100.0	(44)	85.9	(140)
Running Away*	163)	49.6	(59)	86.4	(38)	59.5	(97)
School Problems		% yes	n	% yes	n	% yes	n
School Truancy	148	81.3	(87)	82.9	(34)	81.8	(121)
Academic Problems	143	80.2	(85)	81.1	(30)	80.4	(115)
School Behavior Problems	142	76.2	(80)	70.3	(26)	74.6	(106)
Sexual Behavior Problems		% yes	n	% yes	n	% yes	n
Promiscuity/Sexually Acting Out*	155	38.9	(44)	66.7	(28)	46.5	(72)
Pregnancy/Abortion/Paternity	162	7.6	(9)	14.0	(6)	9.3	(15)
Delinquency/Aggression		% yes	n	% yes	n	% yes	n
Physical Aggression Against Others	159	64.7	(75)	62.8	(27)	64.2	(102)
Criminal Behavior	163	61.3	(73)	72.7	(32)	64.4	(105)
Gang Involvement	154	17.7	(20)	29.3	(12)	20.8	(32)
EMOTIONAL PROBLEMS		% yes	n	% yes	n	% yes	n
Anger Management Problems/Tantrums	164	90.8	(109)	93.2	(41)	91.5	(150)
Depression	162	77.3	(92)	86.0	(37)	79.6	(129)
Suicidal Thoughts/Actions**	159	36.5	(42)	54.5	(24)	41.5	(66)
Self-Injury*	163	22.5	(27)	48.8	(21)	29.4	(48)
OTHER PROBLEMS		% yes	n	% yes	n	% yes	n
Other Problems	161	19.5	(23)	20.9	(9)	19.9	(32)

Data Source- Parent Interview

**significant difference (p<.05)*

***significant difference (p<.01)*

Parents were asked whether their child had experienced a range of problems in the month prior to treatment. The problems asked about parallel those asked of parents of youth admitted to mental health treatment as part of the Mental Health Divisions evaluation of the "Becca" Bill. One might expect that "Becca" youth would have more problems, and more severe problems, leading to their treatment. Table 19 shows that, in general, this is not the case. Rather, a large proportion of both "Becca" and "non-Becca" youth experienced most of the problems. "Becca" youth were, however, significantly more likely to have been involved in behaviors that threatened their own well-being (e.g., running away, sexual promiscuity, suicidal behavior, self-injury, being beyond parental control).

Parents were asked about what issues pushed their child's problems to a crisis in the month prior to treatment. The types of issues asked about directly relate to eligibility criteria for ARY and CHINS petitions. Specifically, to meet criteria for the ARY and CHINS petitions youth had to have left home for 24 or 72 hours, respectively, and be out of control of parents or at risk for seriously harming themselves or others.

- **Based on parent reports, ARY criteria of being out of control, posing a risk to self, and running from home were more likely to be precipitating crises leading to treatment for "Becca" youth than for "non-Becca" youth.**
    - **Being beyond the control of the parents was a critical precipitating issue for 98% of "Becca" youth compared to 76% of "non-Becca" youth**
    - **Mental health problems were a critical issue for three-quarters of "Becca" youth compared to over half of "non-Becca" youth**
    - **Running from home was a critical precipitating issue for 73% of "Becca" youth compared to 31% of "non-Becca" youth.**

Table 20: Crisis Issues Related to "Becca" Bill Eligibility

		"NON-BECCA"		"BECCA"		OVERALL	
CRISIS ISSUE	**n**	**%**	**n**	**%**	**n**	**%**	**n**
Beyond Control of Parents**	163	75.8	(91)	97.7	(42)	81.6	(133)
Unable to Conduct Daily Activities Due to Alcohol/ Drug Use	163	69.7	(83)	81.8	(36)	73.0	(119)
Unable to Conduct Daily Activities Due to Mental Health Issues*	163	55.0	(66)	74.4	(32)	60.1	(98)
Risk of Harm to Self	163	45.4	(54)	61.4	(27)	49.7	(81)
Risk of Harm to Others	162	45.8	(54)	47.7	(21)	46.3	(75)
Running Away **	164	30.8	(37)	72.7	(32)	42.1	(69)
Other	155	18.3	(21)	20.0	(8)	18.7	(29)

Data Source- Parent Interview

**Statistically significant difference, p<.05*

***Statistically significant difference, p<.01*

As can be seen in Table 20, the majority of both groups were reported to be unable to conduct daily activities due to substance use, and close to half were reported to be at risk of harm to self or others. However, a larger proportion of parents of "Becca" youth than of "non-Becca" youth reported that the conditions that pushed their child's situation to a crisis leading to treatment were that they were beyond control of the parents, they were unable to conduct daily activities due to mental health problems, and they had run from home. Thus, based on parent reports, "Becca" youth appear to be more likely to meet criteria for ARY and CHINS petitions than non-Becca youth.

Delinquent Behavior

- **A high proportion of both "Becca" and "non-Becca" youth reported they engaged in delinquent behavior in the year prior to treatment.**
    - **Nearly 80% of youth reported selling drugs.**
    - **Damaging property and theft were each reported by about 75% of youth.**
    - **Assault and Breaking and Entering were each reported by over half of the youth.**

Table 21: Prevalence of Delinquent Behavior in Year Prior to Treatment Admission

		"NON-BECCA"		"BECCA"		OVERALL	
DELINQUENT BEHAVIOR	**n**	**%**	**n**	**%**	**n**	**%**	**n**
Sold Drugs	191	78.9	(112)	79.6	(39)	79.1	(151)
Damaged Property	190	75.2	(106)	73.5	(38)	74.7	(142)
Theft	190	69.7	(99)	79.2	(38)	72.1	(137)
Assault	191	55.6	(79)	57.1	(28)	56.0	(107)
Breaking and Entering	191	52.1	(74)	55.1	(27)	52.9	(101)
Attempted to Steal a Vehicle	190	48.9	(69)	49.0	(24)	48.9	(93)
Carried Handgun	192	39.2	(56)	30.6	(15)	37.0	(71)
In A Gang	192	32.2	(46)	26.5	(13)	30.7	(59)

Data Source: Youth Interview

As part of the post-treatment interview, youth were asked about their engagement in a range of delinquent behaviors prior to treatment (see questionnaire in appendix for full wording of items). The questions were drawn from a standard index of delinquent behavior (Elliott, Huizinga, & Ageton, 1985). The prevalence of delinquent behaviors was similar, and quite high, across both groups, with no significant differences in the proportion engaging in the behaviors. Theft, property damage, and selling drugs were the most common delinquent acts committed, with about three quarters of youth reporting such behaviors in the year prior to treatment. Over a half of the sample reported serious physical assault and breaking into a building.

Involvement in the Criminal and Juvenile Justice System

Lifetime Prevalence of Involvement in Criminal and Juvenile Justice System

- **A majority of all youth had a history of arrests or juvenile justice system involvement.**
    - **74% of youth had been arrested at some time in their life with over a quarter having been arrested four or more times.**
    - **Over half of the youth had been in juvenile detention. There were no significant differences between "Becca" and "non-Becca" youth regarding prior involvement with the juvenile justice system.**

Table 22: Lifetime History of Arrests and Juvenile Justice Involvement

LIFETIME ARREST HISTORY	"NON-BECCA"	"BECCA"	OVERALL
Times Arrested in Lifetime	% n=119	% n=44	% n=163
Never	27.5 (33)	20.5 (9)	25.6 (42)
Once	23.5 (28)	25.0 (11)	23.9 (39)
2 or 3 times	21.0 (25)	27.3 (12)	22.7 (37)
4 or more times	26.1 (31)	27.9 (12)	26.4 (43)
LIFETIME JUVENILE JUSTICE INVOLVEMENT			
Any Juvenile Justice Involvement (other than probation)	% n=120	% n=44	% n=164
% Yes	51.7 (62)	63.6 (28)	54.9 (90)
Type of Involvement	% n=120	% n=44	% n=164
Juvenile corrections facility	51.7 (62)	63.6 (28)	54.9 (90)
Detention center	51.7 (62)	61.4 (27)	54.3 (89)
Boot camp/forestry program	0.8 (1)	0.0 (0)	0.6 (1)
Other supervised program	1.7 (2)	4.5 (2)	2.4 (4)
Age of first Arrest	**n=86**	**n=35**	**n=121**
Average age at first arrest	*13.69 SD=1.64*	*13.40 SD=1.72*	*13.60 SD=1.66*

Data Source: Parent Interview

Arrest in Year Prior to Treatment

- **72% of youth had been arrested in the year prior to treatment.**
    - **Half of all youth had been arrested for a property crime.**
    - **About a third had been arrested for drug offenses.**
    - **About 28% had been arrested for violent crimes.**

Table 23: Criminal Involvement in Year Prior to Treatment

ARRESTS IN YEAR PRIOR TO TREATMENT ADMISSION		"NON-BECCA"		"BECCA"		OVERALL	
Any Arrest	n	%	n	%	n	%	n
% Yes	184	72.8	(99)	70.8	(34)	72.3	(133)
Type of Arrest		%	n	%	n	%	n
Property crimes	184	50.0	(68)	56.3	(27)	51.6	(95)
Drug offenses	184	36.8	(50)	22.9	(11)	33.2	(61)
Violent crimes	150	27.4	(31)	29.7	(11)	28.0	(42)
Other public-order offenses	184	22.8	(31)	25.0	(12)	23.4	(43)
DUI	184	5.1	(7)	2.1	(1)	4.3	(8)

Data Source- TARGET

Data on criminal involvement came from two sources. Data for the lifetime history of criminal involvement was provided by parents, whereas information on criminal involvement in the year prior to treatment came from TARGET.

"Becca" youth and "non-Becca" youth were very similar in terms of arrest history and involvement with the juvenile justice system. There were no significant differences between "Becca" and "non-Becca" youth in the proportion arrested or the reasons for arrest. The majority of youth in the sample had an arrest history and had been involved with the juvenile justice system. About 75% of the youth had been arrested at least once in their lifetime, and 72% of the youth had been arrested in the year prior to treatment. Nearly half had been arrested more than once in their lifetime. The average age of first arrest was about 12 years old, indicating early involvement with the legal system. The most common type of arrest was for property crimes, with over half of the youth being arrested for these reasons. A third of youth were arrested for drug offenses, over a quarter were arrested for violent crimes and nearly a quarter for other public order offenses. Relatively few youth were arrested for driving under the influence but nearly half of the sample is not of legal driving age.

Most youth have also been in some type of juvenile justice program. Over half (54.9%) have been in either a locked facility or in a supervised program.

Prevalence of Prior Chemical Dependency Treatment Episodes

- **The majority of both "Becca" and "non-Becca" youth had a least some prior CD treatment with no differences between the two groups in the proportion who had received prior CD treatment.**

Table 24: Prevalence of Prior CD Treatment

PRIOR CD TREATMENT		"NON-BECCA"	"BECCA"	OVERALL
	n	% n	% n	% n
Any prior CD treatment	163	56.7 (68)	58.1 (25)	57.1 (93)
Type of Treatment	**164**	% n	% n	% n
At least one prior residential CD admission		25.8 (31)	34.1 (15)	28.0 (46)
At least one prior outpatient CD admission		37.5 (45)	45.4 (20)	39.7 (65)
At least one prior "other" CD treatment (e.g. AA)		6.7 (8)	4.5 (2)	6.1 (10)
Age of First Treatment	**87**			
Average Age		*14.9 S.D.=1.23*	*14.5 S.D.=1.15*	*14.8 S.D.=1.20*

Data Source- Parent Interview

During the first two years of the Bill's implementation, DASA requested treatment agencies give "Becca" youth treatment bed priority along with pregnant adolescents. One reason for this was to facilitate treatment access for at-risk or runaway youth, consistent with the goals of the "Becca" Bill. It might be expected that "Becca" youth would be less likely than other youth to have received prior chemical dependency treatment. However, overall, about 72% of all youth in the sample had received at least some prior treatment including participation in school drug programs. About 28% of youth had been in residential treatment before, with about 10% having had more than one residential admission. Approximately 40% of youth had received prior CD outpatient treatment. The 'other' types of treatment were mostly (70%) involvement in 12-step groups. The average age of first treatment was 14.8 years. No significant differences existed between "Becca" and "non-Becca" youth in terms of prior chemical dependency treatment.

Prevalence of Prior Mental Health Service Utilization

- **Nearly two-thirds of the youth in the study had had some prior mental health service utilization -- which most often consisted of outpatient services.**
- **There were no differences between "Becca" and "non-Becca" youth regarding lifetime use of mental health services.**

Table 25: Prevalence of Prior Mental Health Service Utilization

MENTAL HEALTH SERVICES	n	"NON-BECCA" % n	"BECCA" % n	OVERALL % n
Any mental health service	164	63.3 (76)	70.5 (31)	65.2 (107)
Type of Services				
Outpatient Mental Health	164	60.0 (72)	63.6 (28)	61.0 (100)
Inpatient Mental Health	162	10.1 (12)	18.6 (8)	12.3 (20)
Residential Mental Health	163	2.5 (3)	4.5 (2)	3.1 (5)
Other Mental Health service	157	0.9 (1)	0 (n=0)	0.6 (1)
Age at First Service Use				
Average Age	*107*	*11.13 SD=3.56*	*10.68 SD=3.30*	*11.00 SD=3.47*

Data Source- Parent Interview

The majority of youth (65%) had some type of previous mental health service. The average age at the first of these services was 11. There were no differences between "Becca" and "non-Becca" youth with regards to either the type of mental health services used or the age at first use of these services.

- **Over 40% of the sample was taking some form of prescribed medication for mental health disorders.**

Table 26: Prevalence of Mental Health Medication Use

MENTAL HEALTH MEDICATIONS	n	"NON-BECCA" % n	"BECCA" % n	OVERALL % n
Any mental health medications	164	42.5 (51)	52.3 (23)	45.1 (74)
Among Youth Taking Medication, Type of Medication Taken	**74**	% n	% n	% n
Medications for depression		64.7 (33)	56.5 (13)	62.1 (46)
Medications for anxiety		15.7 (8)	4.3 (1)	5.5 (9)
Medications for psychosis		2.0 (1)	0.0 (0)	0.6 (1)
Medications for ADHD*		41.2 (21)	69.6 (16)	50.0 (37)
Medications for "Other" disorders		5.9 (3)	13.0 (3)	8.1 (6)

Data Source- Parent Interview

** a significantly greater proportion of "Becca-youth" on medication for attention deficit/hyperactivity disorder (ADHD), p<.05*

There were no differences in mental health medication use between "Becca" and "non-Becca" youth except that "Becca" youth were more likely to have used medications for attention deficit/hyperactivity disorder (ADHD). Other medications used were for bi-polar disorder or medications to reduce the side effects of other medications.

Summary

The findings show that the majority of youth admitted to residential treatment come from troubled backgrounds. The majority abused multiple substances and initiated drug use at an early age, most had a history of running from home, involvement in multiple problem behaviors, and involvement with the legal and juvenile justice systems. About a quarter of the youth have had some prior residential CD treatment, and over half have had some form of prior CD treatment. Nearly half of the females reported a pregnancy history. For most behaviors, "Becca" youth were very similar to "non-Becca" youth. Notable differences were that "Becca" youth were more likely than "non-Becca" youth to have a history of DCFS involvement with the family from an early age, and were perceived by parents to be in more of a crisis than "non-Becca" youth just prior to treatment. Specifically, they were more likely to be perceived as beyond the control of parents, more dysfunctional due to mental health issues, and run to have from home in the month prior to treatment.

II. Characteristics Of Chemical Dependency Treatment Episode

Length of Time in Treatment

- **About two-thirds of the sample received over 21 days of treatment.**

Table 27: Number of days in CD treatment (index admission)

	"NON-BECCA" n=143		"BECCA" n=49		OVERALL n=192	
Number of tx days	%	n	%	n	%	n
1-7 days	11.9	(17)	10.2	(5)	11.5	(22)
8-14 days	10.5	(15)	16.3	(8)	12.0	(23)
15-21 days	10.5	(15)	6.1	(3)	9.4	(18)
22-28 days	30.8	(44)	34.7	(17)	31.8	(61)
29-60 days	18.9	(27)	20.4	(10)	19.3	(37)
Over 60 days	17.5	(25)	12.2	(6)	16.1	(31)
Mean (median)	*32.9 (28.0)*		*30.2 (27.0)*		*32.2 (28.0)*	

Data Source- TARGET and Agency Records

There are two levels of residential treatment for adolescents in Washington state: Level I, Youth *Basic* Residential Treatment and Level II, Youth *Intensive* Residential Treatment. Level II treatment serves youth who have symptoms of mental health diagnosis requiring concurrent management with addiction treatment, have extreme family dysfunction, have experienced

trauma, present a major risk of danger to him/herself or others, or are at high risk to not complete treatment. About 63% of both "Becca" and "non-Becca" youth were admitted to Level II programs.

The length of treatment is determined by the clinical staff based on the treatment plan for each youth. Typical length of stay for Level I programs is between 21 and 28 days, and for Level II programs, between 45 to 60 days. As shown in Table 27, the overall median length of time in treatment was about 28 days, with an average length of 32 days. Approximately two thirds (67.2%) of the sample received more than 21 days of treatment. Average length of treatment was the same for "Becca" and "non-Becca" youth. The average length of time in treatment did differ by whether or not the youth was in a Level I or Level II program. The average length of time for youth in Level I treatment was 24.6 days and for youth in Level II treatment it was 36.8 days ($p<.001$).

Treatment Completion and Type of Treatment Discharge

- **Over half of all youth completed treatment. "Becca" youth were as likely as "non-Becca" youth to complete treatment.**
- **"Becca" youth were somewhat more likely to leave treatment against advice of agency staff.**

Table 28: Discharge Type

	"NON-BECCA" n=142		"BECCA" n=49		OVERALL n=191	
CD Treatment Discharge Code	**%**	**n**	**%**	**n**	**%**	**n**
Completed Treatment	59.2	(84)	51.0	(25)	57.1	(109)
Rule Violation	16.2	(23)	8.2	(4)	14.1	(27)
Withdrew against advice/ran*	12.7	(18)	24.5	(12)	15.7	(30)
Withdrew with staff advice	8.5	(12)	10.2	(5)	8.9	(17)
Incarcerated	2.1	(3)	2.0	(1)	2.1	(4)
Transfer, inappropriate, other	1.4	(2)	4.1	(2)	2.1	(4)

Data Source- TARGET
**statistical significance is p=.05*

"Becca" youth were as likely to complete treatment as "non-Becca" youth, with over 50% completing treatment. Among youth who did not complete treatment, the two most common types of discharge were for leaving treatment against staff advice and for violating agency rules. In Table 28, "discharge against staff advice" includes one youth who ran from treatment. All others were withdrawn from treatment by parents. Among "Becca" youth, about 25% of youth withdrew against advice compared to 13% of "non-Becca" youth ($p=.05$). "Non-Becca" youth were twice as likely to leave due to rule violation (16% vs. 8%), but the number of youth was small and this difference was not significant. A more detailed analysis of reasons for treatment discharge among "Becca" youth found that many of the rule violations posed serious risk for harm and included physical assault, threats of violence, property destruction or repeated

noncompliance (See Peterson, 1997). It also should be noted that it is likely that the number of youth running from treatment is underrepresented in this sample. An analysis of all "Becca" youth admitted to treatment over a year and a half period found that about 12% of the youth had run from treatment (Peterson, 1997) and an analysis of all youth admitted to these treatment programs over a 20-month period found that 5% had run from treatment. In this sample, only one person was discharged due to running from treatment, which is 2% of the "Becca" youth and 0.5% of the full sample.

Length of Time in Treatment and Treatment Completion

We compared length of time in treatment among youth who did and did not complete treatment. Among the youth who did not complete treatment the average number of days of treatment was 21.5 with a median of 16 days (data not shown). One third of those who did not complete treatment received more than 21 days of treatment. However, because both treatment length and treatment completion rates differ by level of treatment, we examined treatment length taking into account both treatment completion status and treatment level. Among youth in Level I treatment programs, the average length of treatment for treatment completers was 30.4 days with a median of 28 (n=52, s.d.= 8.5), whereas among treatment non-completers it was 9.4 days with a median of 8.5 (n=20, s.d.= 8.5). Among youth in Level II programs, the average length of treatment for treatment completers was 49.7 days with a median of 60 (n=57, s.d. =25.1) whereas for non-completers the average length of treatment was 25.4 days with a median of 20 (n=62, s.d. =23.1). Thus, on average, youth who completed treatment received a month of treatment in Level I programs and about a month and a half of treatment in Level II programs. However, even youth in Level II programs who did not complete their individualized treatment program on average still received a substantial number of treatment days.

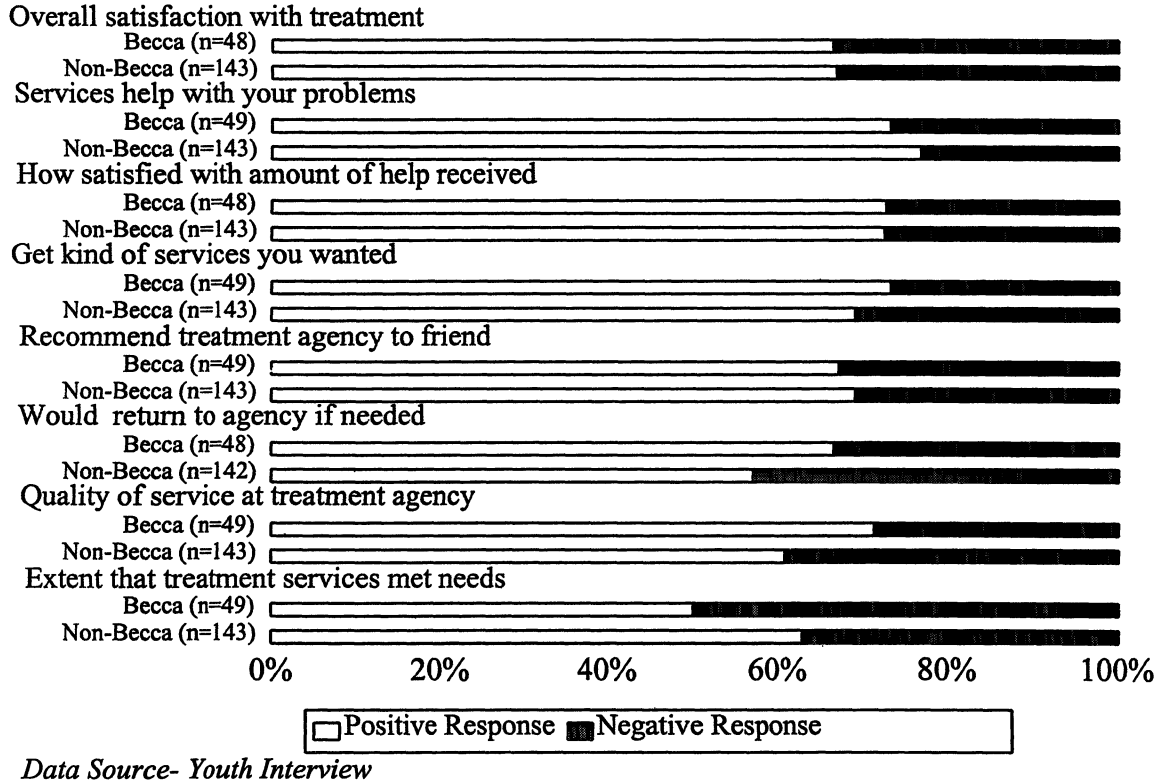
Treatment Satisfaction

Satisfaction with treatment was measured using the Client Satisfaction Questionnaire (Nguyen etal., 1983), an instrument developed to assess treatment satisfaction among adults. A parallel instrument was used to assess treatment satisfaction among parents (see Section VI of this report. Questions were rated on a four-point scale, with four indicating higher levels of satisfaction (see interview in appendix for full wording of questions). The seven satisfaction questions were summed and averaged for an overall satisfaction score. The level of satisfaction was fairly high. The mean score was 2.8 (out of four), with no difference in treatment satisfaction between "Becca" and "non-Becca" youth.

Figure 1 presents the proportion who were satisfied and not satisfied for each of the items. There were no significant differences between "Becca" and "non-Becca" youth for any of the individual questions. As might be expected, treatment satisfaction was related to treatment completion, with those who completed treatment showing greater satisfaction (r=.39, p<.01).

- **There were no differences between "Becca" and "non-Becca" youths' satisfaction with treatment. Overall, the majority of youth indicated they were satisfied with treatment.**
    - **Two-thirds of all youth reported that overall they were satisfied with treatment services.**
    - **75% of the youth felt that treatment helped them deal more effectively with their problems.**
    - **About two-thirds of the sample said they would recommend the treatment agency to a friend and about 60% of the sample said that they would go back to the treatment agency if they were to seek help again.**

Figure 1: Youth Satisfaction with Treatment



Data Source- Youth Interview

For each of the treatment satisfaction questions, from two-thirds to three-quarters of the youth gave positive responses. About 67% of the sample indicated that overall they were satisfied with the treatment they received. Consistent with this, about 67% said that they would recommend the treatment agency to a friend, although a slightly smaller percentage (60%) indicated that they themselves would go back to the agency again should they be seeking help. Three-quarters of the youth felt that treatment had helped with their problems (76%) and a similar percentage (74%) were satisfied with the amount of help they received. About 71% of "Becca" youth, compared to 61% of "non-Becca" youth were satisfied with the quality of service, and similarly,

about 74% of "Becca" youth, compared to 63% of "non-Becca" youth felt that the treatment services met their needs.

One of the treatment satisfaction questions concerned how involved youth perceived themselves to be in their treatment planning(data not shown). Over 70% of both "Becca" and "non-Becca" youth felt included, with about 12 % feeling left out and 17% not even aware of the treatment planning process.

Summary
"Becca" youth were very similar to "non-Becca" youth in terms of length of time in treatment, rates of treatment completion, and overall level of satisfaction with treatment. About half of the youth completed treatment, and even among those who did not complete treatment, the average length of stay in treatment was still about three weeks. About three-quarters of the youth indicated that they were at least somewhat satisfied with the treatment they received. Thus, although "Becca" youth appear to enter treatment in somewhat more of a crisis situation, once in treatment, they are as likely to complete treatment as "non-Becca" youth, and be equally satisfied with treatment. However, among those who do not complete treatment, "Becca" youth were somewhat more likely to leave treatment against the advice of staff.

III. Treatment Outcomes

Post-Treatment Drug Use

Drug use prevalence following treatment was assessed for two time periods: 30-days and three months prior to the post-treatment interview. Both were assessed in the same interview with youth that was conducted approximately four months following treatment admission . This time period was expected to be about three-months post-treatment discharge for most youth. The 30-day time frame was the same as the time frame used by TARGET, which was used to provide baseline pre-treatment information. The three-month time frame was selected to assess drug use over the full post-treatment follow-up period. Only alcohol and drug use frequency was assessed for the 30-day period whereas for the 3-month period, drug and alcohol problems were assessed as well as a somewhat more detailed assessment of alcohol use.

To simplify the discussion, the follow-up timeframe of 30 days and 3-months prior to the interview will be referred to as the 'last 30 days' and the '3-month post-treatment'. However, it should be remembered that this time frame refers to the time prior to the interview and not necessarily the time since treatment completion. Also, depending upon how long youth were in treatment, or if they were re-admitted to residential treatment during the follow-up period, youth may not have been out of treatment for the full three months and thus not have had as much opportunity to engage in the behaviors as youth who had been out of a residential setting the full three months. In fact, as noted earlier (Table 3), about 24% of the sample had not been out of treatment the full three months when they were interviewed.

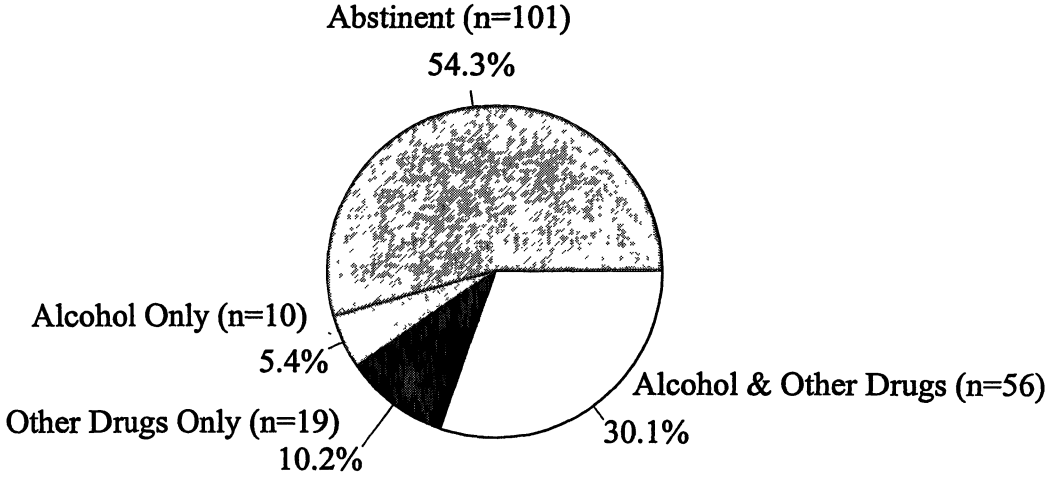
Drug Use During the Last 30 Days

Frequency of drug use in the past 30-days was assessed both at treatment admission and at the follow-up interview. The assessment at treatment entry was conducted by the treatment agencies for the TARGET database and only assessed the primary, second, or tertiary drugs of choice. At follow-up, frequency of use for all drugs in the prior 30 days was assessed. Table 29 presents the percent abstinent in the 30 days prior to the follow-up interview.

- **Post-treatment, 54% reported that they had been abstinent from alcohol and all other drugs in the past 30 days.**
    - **30% reported use of alcohol and other drugs**
    - **10% reported use of other drugs only**
    - **5% reported use of alcohol only**

- **Nearly two thirds of youth were abstinent from alcohol and marijuana. About 90% or more of youth were abstinent for all other drugs.**
- **"Becca" and "non-Becca" were similar in the proportion abstinent from alcohol and all other drugs.**

Figure 2: Alcohol & Other Drug Use During the Last 30 Days



Data Source- Youth Interview

Overall n=192

Table 29: Last 30 Days Abstinence Prevalence, Post-Treatment

DRUG	n	"NON-BECCA %	"NON-BECCA n	"BECCA" %	"BECCA" n	OVERALL %	OVERALL n
Alcohol	180	66.9	(95)	60.4	(29)	65.3	(124)
Marijuana	180	63.8	(90)	61.2	(30)	63.2	(120)
Cocaine/Crack	183	92.3	(131)	95.9	(47)	93.2	(178)
Opiates	183	95.8	(136)	89.8	(44)	94.2	(180)
Methamphetamine	182	90.8	(129)	93.9	(46)	91.6	(175)
Amphetamines/Other Stimulants	176	94.2	(130)	97.8	(45)	95.1	(184)
Hallucinogens	178	91.4	(128)	80.9	(38)	88.8	(166)

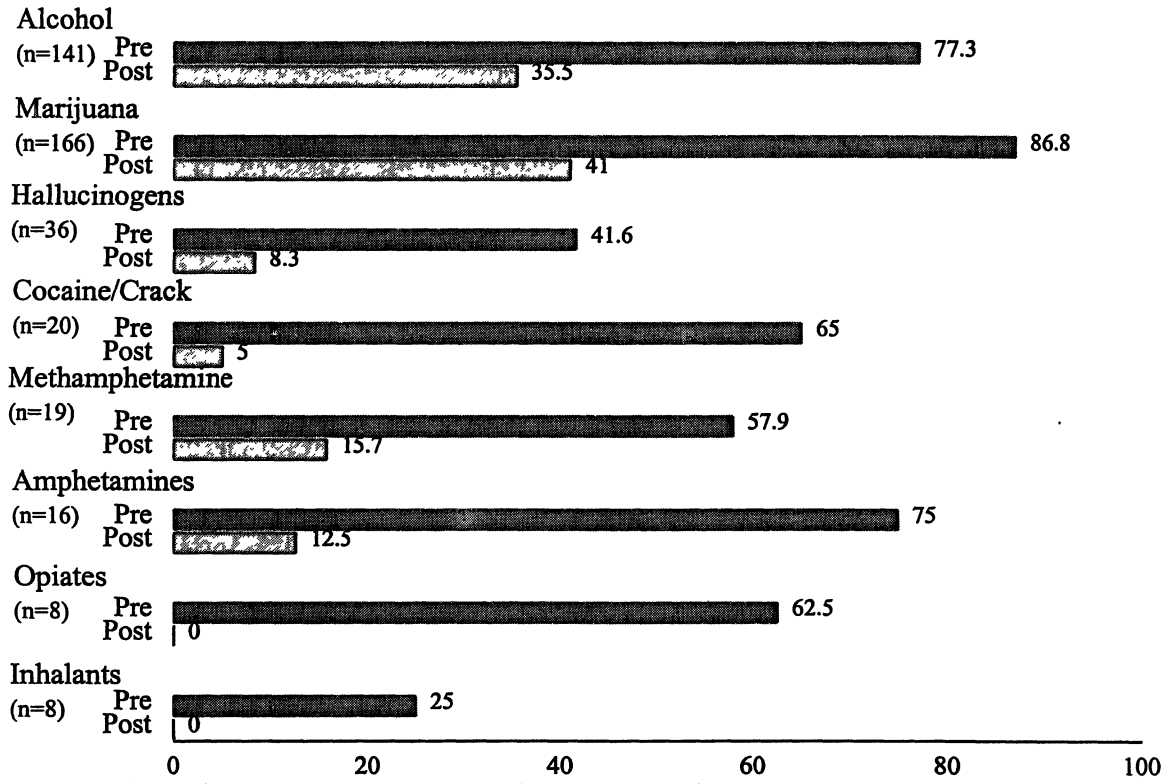
Data Source- Youth Interview

Change in 30-Day Drug Use Pre- and Post-Treatment.
To assess change in drug use, we compared 30-day drug frequency obtained in TARGET at treatment admission to the 30-day drug use frequency at follow-up. Because at admission, the frequency of alcohol and other drug use was assessed only for the primary, secondary, and tertiary drugs, we can only assess change in use for each drug among people for whom the drug was a primary drug of choice. (To simplify the discussion, from here on, when a drug is a primary, second, or tertiary drug of choice, it will be referred to as a primary drug of choice.) Thus, the number of people included in the analysis for each drug is based on the number for whom it was indicated as a primary drug of choice at treatment entry and is different for each drug. Note also that except for alcohol and marijuana, the number of youth included in the analysis for each drug is small. This is particularly true for opiates and inhalants.

We present the results in two ways. First, we present the overall proportion who were abstinent prior to treatment and following treatment. This is an aggregated analysis and provides a simple view of what percent of the youth were using each drug pre- and post-treatment. Next we present an analysis that is more sensitive to individual change in drug use.

- **For all primary drugs of choice including alcohol, drug use prevalence for the last 30 days was substantially less than 30-day use prior to treatment.**
    - **Thirty-day use prevalence for alcohol declined from 77% pre-treatment to 36% post-treatment.**
    - **Thirty day use prevalence for marijuana declined from 87% pre-treatment to 41%, post-treatment.**

Figure 3: 30-Day Alcohol And Other Drug Use Prevalence For Primary Drugs Of Choice, Pre- And Post-Treatment



Percent of sample who were using primary drugs in the 30 days prior to treatment admission and 30 days prior to follow-up interview.
Data Source- Pre: TARGET; Post: Youth Interview

- For **all primary drugs of choice, the majority of youth were abstinent at follow-up.**

Table 30: 30 Day Abstinence Post-Treatment for Primary Drugs of Choice

Drug	n	Total Abstinent % (n)	"Maintained" Abstinence % (n)	"Achieved" Abstinence % (n)
Alcohol	141	64.5 (91)	17.7 (25)	46.8 (66)
Marijuana	166	59.0 (98)	8.4 (14)	50.6 (84)
Hallucinogens	36	88.8 (32)	55.5 (20)	33.3 (12)
Cocaine/Crack	20	95.0 (19)	25.0 (5)	70.0 (14)
Methamphetamine	19	84.2 (16)	36.8 (7)	47.4 (9)
Amphetamine	16	87.5 (14)	25.0 (4)	62.5 (10)
Opiates	8	87.5 (7)	25.0 (2)	62.5 (5)

Data Source- Youth Interview and TARGET

As can be seen from Table 30, among those for whom alcohol was a primary drug, 65% were abstinent at follow-up. The majority of these (66/91) had been using in the month preceding

treatment and thus had achieved abstinence. However, nearly 20% of the youth for whom alcohol was indicated as a primary drug of choice had abstained from use in the 30 days prior to treatment admission and thus had maintained abstinence. For those for whom marijuana was a primary drug of choice, 59% were abstinent at follow-up. Most of these youth (84/98) were using marijuana at treatment entry. For all other drugs, between 85-95% of youth were abstinent at follow-up.

- **For all primary drugs of choice including alcohol, the majority of youth who were not abstinent at post-treatment had decreased their drug use frequency.**

Table 31: Change in 30-Day Drug Use Frequency, Pre- and Post-Treatment Among Youth for Whom Drug was Primary, Secondary, or Tertiary Drug of Choice

Drug	n	Total Users % (n)	Decreased Frequency % (n)	Increased Frequency % (n)	# No Change % (n)
Alcohol	141	35.4 (50)	21.3 (30)	8.5 (12)	5.7 (8)
Marijuana	166	41.0 (68)	24.7 (41)	7.8 (13)	8.4 (14)
Hallucinogens	36	11.1 (4)	2.7 (1)	2.7 (1)	5.5 (2)
Cocaine/Crack	20	5.0 (1)	5.0 (1)	0.0 (0)	0.0 (0)
Methamphetamine	19	15.8 (3)	0.0 (0)	5.3 (1)	10.5 (2)
Amphetamine	16	14.3 (2)	12.5 (2)	0.0 (0)	0.0 (0)
Opiates	8	12.5 (1)	0.0 (0)	12.5 (1)	0.0 (0)

Data Source- Youth Interview and TARGET

Table 31 presents change in drug use among those who were using at follow-up. Note that for each drug (row), the Total Users" is the sum of the other three row values. Also, the sum of the "Total Users" in Table 31 and "Total Abstinent" in Table 30 is the number of total respondents for that drug.

As shown in Table 31, for each drug at post-treatment, those who were using had decreased their use frequency from pre-treatment levels. Also, note that, except for alcohol and marijuana, the number of users for each of the primary drugs of choice was less than five people. However, this analysis is limited to youth for whom the drug was indicated as a primary drug of choice. From Table 29 it can be deduced that the number of youth using drugs during the last 30 days was between 10-24 for cocaine, opiates, methamphetamines and hallucinogens, and 6 for other amphetamines.

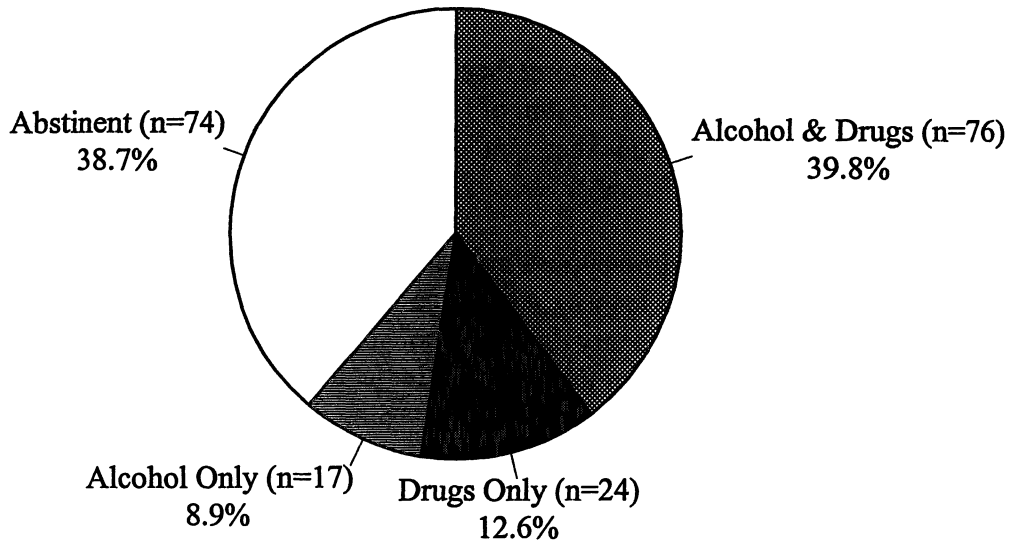
Three-Month Drug Use

We now present findings on post-treatment drug use over the three-month period. The proportion who reported using drugs over the three month period was greater than over the 30-day period. Figure 4 presents an overview of alcohol and illicit drug use prevalence over the 3-month period prior to the interview. Table 32 present prevalence of use over this same time period for each drug.

- **About 60% of the sample reported some alcohol or drug use post-treatment over a three-month period.**
  - **9% reported alcohol use only.**
  - **13% reported using illicit drug but no alcohol.**
  - **40% reported using both alcohol and some form of illicit drug.**

- **Marijuana and alcohol were the most frequently used drugs following treatment (excluding nicotine). About half of the sample reported use during this time period. Nearly all the youth (94%) reported using cigarettes.**
- **Other than marijuana, the most prevalent illicit drugs used post-treatment were hallucinogens and methamphetamines, with about 20% using each of these two drugs.**

Figure 4: Prevalence of Alcohol and Other Drug Use During the 3 Months Prior to the Interview



Data Source- Youth Interview

Table 32: Post-Treatment Drug Use Prevalence, 3 Months Prior to Interview

DRUG USE POST-TREATMENT	"NON-BECCA" n=143		"BECCA" n=49		OVERALL n=192	
DRUG	% Used	n	% Used	n	%	n
Marijuana	48.6	(69)	46.9	(23)	48.2	(92)
Alcohol	47.6	(68)	51.0	(25)	48.4	(93)
Hallucinogens	17.7	(25)	28.3	(13)	20.3	(38)
Methamphetamine	19.0	(27)	22.4	(11)	19.9	(38)
Crack/Cocaine	12.7	(18)	10.2	(5)	12.0	(23)
Opiates	9.2	(13)	16.3	(8)	11.0	(21)
Amphetamines	9.4	(13)	4.3	(2)	8.2	(15)
Inhalants	6.3	(9)	10.2	(5)	7.3	(14)
Tranquilizers/Sedatives	4.3	(6)	13.0	(6)	6.5	(12)
Cigarettes/Tobacco	94.4	(135)	91.8	(49)	93.8	(180)

Data Source- Youth Interview

At the three-month follow-up, 61% used alcohol, illicit drugs, or both, whereas nearly forty percent did not use any drugs. Nearly half of both "Becca" and "non-Becca" youth reported alcohol or marijuana use. Hallucinogens and methamphetamines were each used by about 20% of the youth over this three month post-treatment period. A substantial proportion also used more than one drug post-treatment. The number of different types of drugs used during the three months prior to the interview was calculated based on the ten drugs listed in Table 32. About a third of the sample used one or two drugs, and another third used three or more different types of drugs. "Becca" youth and "non-Becca" youth did not differ in the proportion using drugs post-treatment or in the number of drugs used.

- **Nearly a third of all youth used 3 or more different types of drugs post-treatment.**

Table 33: Number of Different Types of Drug Used

NUMBER OF DRUGS	"NON-BECCA" n=143		"BECCA" n=49		OVERALL n=192	
	%	n	%	n	%	n
None	39.2	(56)	38.8	(19)	39.1	(75)
1-2	30.8	(44)	24.5	(12)	29.2	(56)
3-4	21.0	(30)	20.4	(10)	20.8	(40)
5-10	9.1	(13)	16.3	(8)	10.9	(21)

Data Source- Youth Interview

Post-Treatment Alcohol Use Quantity and Frequency

- **Among those who drank alcohol post-treatment, over half reported that they typically drank 5 or more drinks.**

Table 34: Typical Amount Drunk on Weekend Occasion

	"NON-BECCA" n=67		"BECCA" n=25		OVERALL n=92	
Quantity Consumed	%	n	%	n	%	n
1 drink or less	33.2	(23)	32.0	(8)	33.7	(31)
2-4 drinks	16.1	(11)	12.0	(3)	15.2	(14)
5 or more drinks	49.3	(33)	56.06	(14)	51.1	(47)

Data Source- Youth Interview

As previously shown (Table 32), a little over half of the sample were abstinent from alcohol during the prior three months. Among those who drank alcohol, we asked youth the typical amount they drank on a weekend evening, the maximum number of drinks they have had on any occasion in the past 3 months, and the frequency with which they drank that amount. Among those who did drink, a substantial proportion drank in potentially harmful ways. Table 34 shows that about half of those who drank (and thus, about 25% of the full sample) typically consumed five drinks or more on a weekend occasion, which is often considered "binge" drinking, and is enough to result in intoxication.

- **Over a third of youth who drank in the prior 3 months "binge" drank more than once.**

Table 35: Maximum Quantity by Frequency of Alcohol Consumed, Among Those Who Drank

	FREQUENCY CONSUMED MAXIMUM QUANTITY			
	Low Frequency (once)	**Medium (2-4 times)**	**High (5 or more times)**	
Maximum Quantity Drinks Consumed	**n (%)**	**n (%)**	**n (%)**	**Row Total**
Less than 5 Drinks	9 (9.9)	5 (5.5)	2 (2.2)	16 (17.6)
5-11 Drinks (Binge)	21 (23.1)	11 (12.1)	5 (5.5)	37 (40.0)
12 or More Drinks (Binge)	20 (22.0)	12 (13.2)	6 (6.6)	38 (41.8)
Column Total	50 (55.0)	28 (30.8)	13 (14.3)	91 (100)

Data Source- Youth Interview

Table 35 presents information on the maximum amount drunk over the three month post-treatment period, and the frequency with which that amount was consumed. Again, this analysis

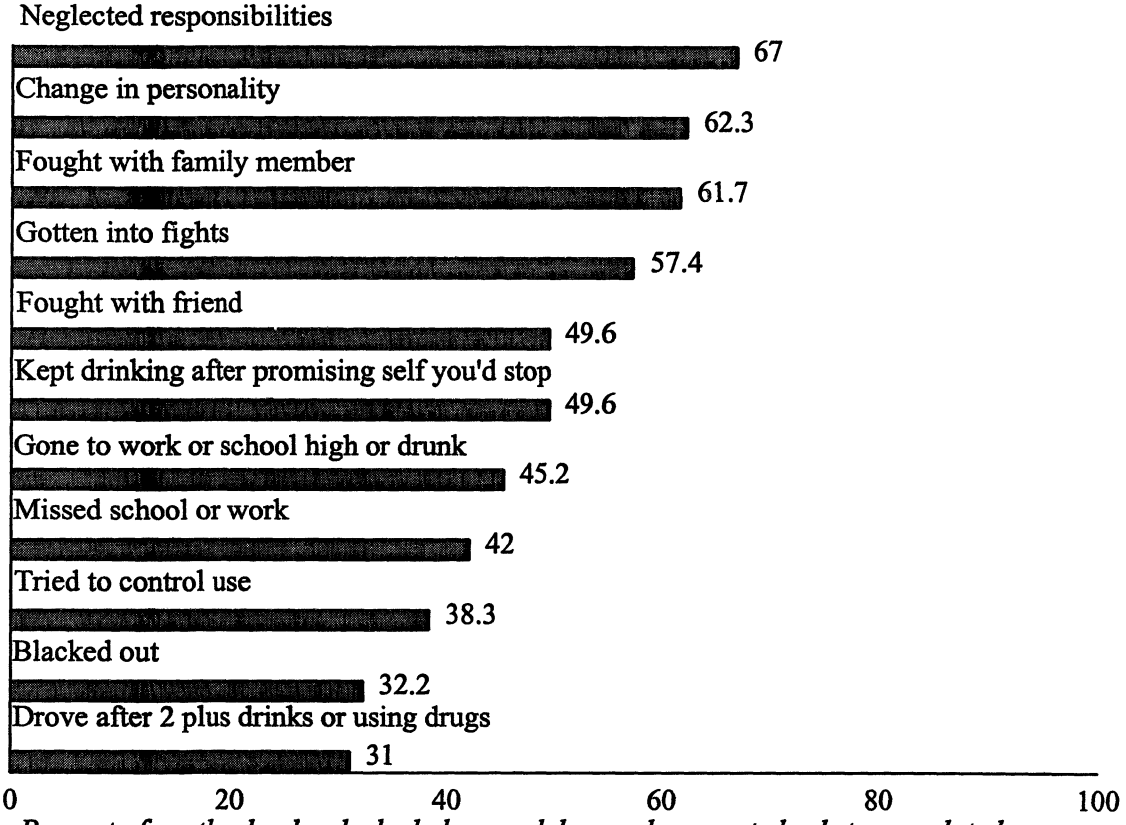
includes only youth who reported drinking at all during this time period. Over 80% of all drinkers reported "binge" drinking at least once (75/91), with over half of these "binge" drinkers having drunk 12 or more drinks on a single occasion. Over a third (37%) of the drinkers drank more than 5 drinks per occasion more than once (unshaded portion of the table), with 10% doing this 5 or more times.

Alcohol and Drug Use Problems

Youth who reported alcohol or drug use post-treatment, were asked whether or not they experienced a range of problems due to their alcohol or drug use based on the Rutgers Alcohol Problem Index (RAPI, White & LaBouvie, 1989). This index has been found to have good reliability among adolescent and young adult samples and assesses problems along different domains related to substance dependence or abuse including interpersonal problems, problems with role responsibilities, lack of control over use, and tolerance. This index is typically assessed over a one-year period and thus normative comparisons cannot be made.

- **Among youth who drank or used other drugs in the 3 months post treatment, the average number of problems reported was 5 (out of a possible 11), with only 12% of those who used substances reporting they had had no problems.**
    - **The most common problems experienced due to alcohol or other drug use were neglecting responsibilities (67%) and fighting with family (62%).**
    - **About half showed symptoms of a loss of control, reporting that they kept using after planning to stop.**
    - **30% reported driving after using alcohol or other drugs and a similar percentage reported experiencing blackouts.**

Figure 5: Drug Use Problems During 3 Months Prior to Interview



Percent of youth who drank alcohol or used drugs who reported substance related problems during 3-month follow-up.
Data Source- Youth Interview
(n=115 except for 'change in personality' & 'fought with family member' where n=114)

Figure 5 presents the percent of youth who indicated they had experienced each of the problems in the prior three months. No significant differences between "Becca" and "non-Becca" youth related to problems of use were found. Among those who drank in the prior three months, the most frequent problems were with interpersonal relationships and neglecting role responsibilities. About 60% of the sample reporting getting into fights with family, friends, or acting badly and getting into fights. Similarly over 60% reported neglecting responsibilities, and alcohol and drug use was implicated in missing school or work or going to school high or drunk for over 40%. About half the sample who reported drinking or using drugs reported that they had not been able to stop using when they planned to, an indication of loss of control over drinking or drug use. Blacking out, an indication of excessive use quantity, was reported by nearly a third of the youth. Another third reported driving while under the influence. Thus, although over half of the youth were abstinent following treatment, those who did use, used alcohol in amounts that increase risk for harm, and the majority experienced problems due to their alcohol or drug use.

Summary

From the analysis of change in drug use for the primary drugs of choice based on 30-day prevalence, it is clear that abstinence increased and frequency of used decreased for primary

drugs of choice. For both marijuana and alcohol, the most common primary drugs of choice, the majority of youth were abstinent, and those who used had reduced the frequency of use. For all drugs other than marijuana or alcohol, less than five youth for whom the drug was a primary drug of choice at treatment entry were using the drug at follow-up. However, when the analysis was based on a three-month post-treatment timeframe, and the analysis included all drugs used and not just primary drug of choice, we found that over half the youth used alcohol or other drugs following treatment. The 30-day abstinence prevalence for the last 30 days for alcohol and other drugs was 54% whereas it was only 40% over the 3-month post-treatment period. Furthermore, the majority of those who used alcohol or drugs post-treatment reported problems due to their use.

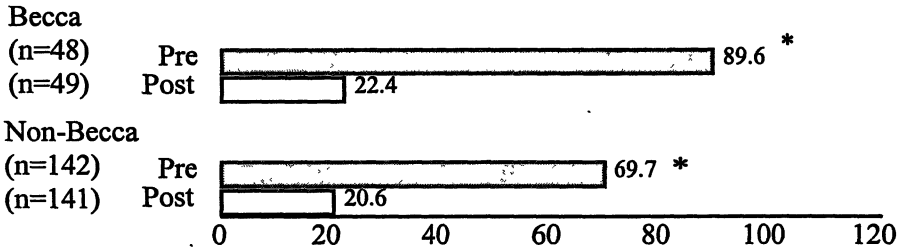
However, looking only at substance use prevalence ignores the fact that not all youth successfully completed treatment. Thus, one might expect that use rates and patterns of risky use would be higher among youth who did not complete treatment. We compared use rates in the 3-month post-treatment period by treatment completion status and found that youth who completed treatment were less likely than those who did not complete treatment to use marijuana, the most common primary drug of choice at treatment admission. Forty-two percent of those who completed treatment compared to 56% of those who did not complete treatment used marijuana ($p<.05$). Use rates, however, did not differ by treatment completion status for alcohol or drugs other than marijuana. The number of drugs used and the number of drug problems experienced also did not differ by treatment completion status. More sensitive analyses could be conducted in the future that also take into account the length of time in treatment and length of time from treatment completion to the follow-up interview.

Other Problem Behaviors

Running From Home

- **Although a larger proportion of "Becca" youth had run from home in the year prior to treatment, post-treatment there were no group differences in the proportion who had run from home.**
    - **In the year prior to treatment, 90% of Becca youth compared to 70% of "non-Becca" youth had run from home whereas post-treatment only 20% of youth from both groups had run from home.**
    - **Among those youth who had run from home prior to treatment, only 25% ran from home following treatment.**
- **A third of youth had spent at least one night on the streets or in a shelter during the three months prior to treatment compared with 14% during the three months post-treatment.**

Figure 6: Running Away From Home Before and After Treatment



Data Source- Youth Interview
**difference is statistically significant at <.01*

Figure 6 shows that although a larger proportion of "Becca" youth reported running from home in the year prior to treatment than "non-Becca" youth (89.6 vs. 69.7), there was no difference in the proportion who ran from home at post-treatment follow-up. Thus, there was greater change toward decreased running behavior among "Becca" than "non-Becca" youth. About three-quarters of the youth who had run from home prior to treatment did not run from home during the three month post-treatment follow-up period. To control for the longer period assessed prior to treatment (12 months) compared to post-treatment, we transformed the number of times the youth ran from home into a monthly rate. Comparisons were made using a paired t-test. Average monthly rates pre- and post-treatment were found to be significantly different (mean rate/month pre=.77, post=.15, $p<.001$).

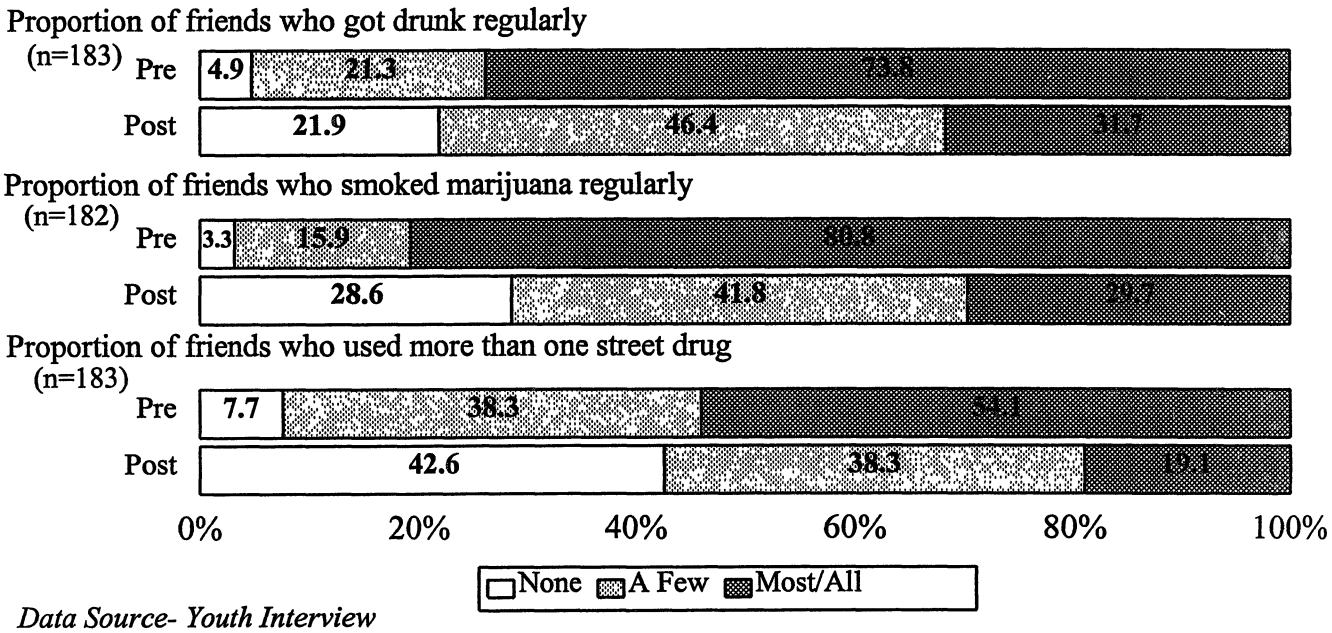
We also compared the proportion of youth who had spent at least one night on the streets or in a shelter in the three months prior to treatment and during the 3-month post-treatment follow-up period (not shown). There were no differences pre- or post-treatment in the proportion that had

spent time on the streets between "Becca" and "non-Becca" youth. A third of youth indicated that they had spent at least one night on the street prior to treatment, whereas only 14% reported that they had spent time on the streets post-treatment ($p<.001$). Among those who had spent at least one night on the street prior to treatment (n=64), only 30% of those (n=19) had done so in the previous three months following treatment.

Association with Drug Using Peers

- **Most youth (75%) reported that they had changed friends following treatment and that fewer of their friends post treatment got drunk, smoked marijuana daily, or used more than one illicit drug than did pre-treatment.**
    - **Only 5% reported that prior to treatment none of their friends got drunk compared to 22% post-treatment.**
    - **Only 3% reported that prior to treatment none of their friends smoked marijuana daily, compared to 29% post-treatment**
    - **Only 8% reported that none of their friends used more than one illicit drug compared to 43% post-treatment**

Figure 7: Peer Drug Use



Data Source- Youth Interview

Drug use among peers is one of the strongest predictors of drug use for adolescents, and a strong predictor of relapse. To assess peer drug use in the post-treatment interview, we asked youth whether they currently have different friends than when they were admitted to treatment. Youth were also asked about the drug use of their friends both in the three months prior to treatment and

in the three months prior to the post-treatment interview. Youth were asked how many of their friends: (1) Drank to the point of getting drunk, (2) Smoked marijuana nearly every day, and (3) Used more than one illicit drug. Unfortunately, the question pertaining to getting drunk had different wording for pre-treatment than for post-treatment. Prior to treatment youth were asked how many of their friends during the prior three months drank to the point of getting drunk *once a week or more*, whereas post-treatment they were only asked how many of their friends drank to the point of getting drunk. However, the wording change should result in an under estimate of the level of change between pre- and post-treatment because it is not imposing a criteria based on the frequency of friends getting drunk as is done in pre-treatment. Thus, any error should be a conservative error and work against finding significant differences pre and post treatment. The wording for the other two questions is identical for pre- and post-treatment timeframes.

Three quarters of all youth reported that they had different friends since they had been in treatment. As shown in Figure 7, the change appears to be friends that are less heavily alcohol and drug involved. Only 5% reported that prior to treatment none of their friends got drunk whereas 22% reported that none got drunk post-treatment. Among the 74% of those who reported that most or all of their friends got drunk prior to treatment (n=174), 20% said that in the previous three months none of their friends got drunk and almost half (48%) said that only a few did (not shown) However, as already noted, due to the change in wording, this may in fact be an under-representation of change in peer alcohol use.

There were similar reductions in the proportion of friends who smoked marijuana every day and the number who used more than one illicit drug. Prior to treatment, only 3% of the youth reported that none of their friends smoked marijuana regularly, whereas post-treatment, 29% said that none of their friends did so. Among the 81% of youth who prior to treatment said most or all of their friends used marijuana (n=147), 27% reported that no friends used, and 37% said that only a few did (not shown). Similarly, prior to treatment, only 8% said that none of their friends used more than one illicit drug, whereas post-treatment, 43% said that none of their friends did. Among the 54% of youth who reported that most or all of their friends used more than one illicit drug (n=99), 38% said that none did post-treatment and 29% said that only a few did. Becca" and "non-Becca" youth had similar responses for all of these questions (not shown).

School Problems

School Enrollment

- **The proportion of youth enrolled in school increased post-treatment. Two-thirds of all youth, and 71% of all youth who had not yet graduated or received a GED, were enrolled in school post treatment.**

- **At treatment admission, 52% of "Becca" youth were enrolled in school at least part time compared to 75% of "non-Becca" youth. Post Treatment, there were no differences in the proportion of "Becca" and "non-Becca" youth enrolled in school.**

Table 36: School Enrollment Status Post-Treatment

CURRENT SCHOOL STATUS	"NON-BECCA" n=142		"BECCA" n=49		OVERALL n=191	
	%	n	%	n	%	n
In School or GED program	64.1	(91)	69.4	(34)	65.4	(125)
Not in school but eligible	26.8	(38)	24.5	(12)	26.2	(50)
High School Graduate	3.5	(5)	2.0	(1)	3.1	(6)
Earned GED	5.6	(8)	4.1	(2)	5.2	(10)

Data Source- Youth Interview

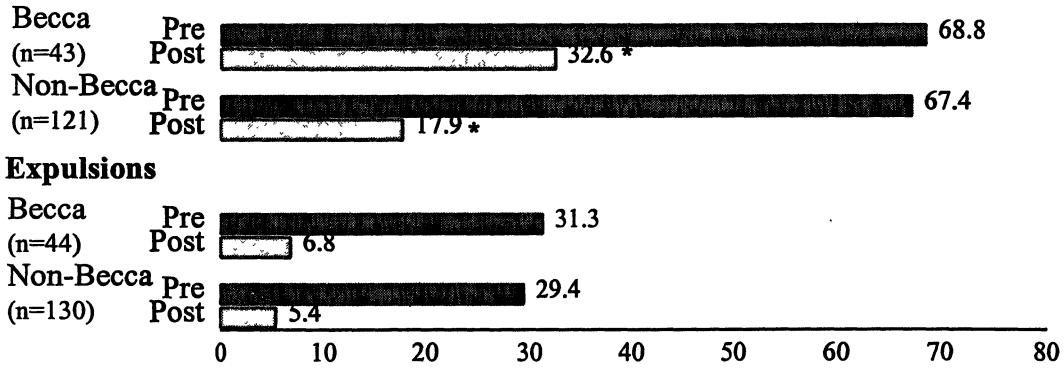
Post-treatment, about two thirds of the sample were enrolled in school, 10% had graduated or received a GED, and about a quarter were not enrolled and had not earned either a GED or a high school diploma. There were no significant differences between "Becca" and "non-Becca" youth in the proportion of youth in school.

Although at the time of treatment admissions fewer "Becca" youth were enrolled in school than "non-Becca" youth, this group difference disappeared post-treatment indicating that more "Becca" youth re-enrolled into school post-treatment. In fact, about 75% of the "Becca" youth who were not enrolled in school at the time of treatment (17/23) were enrolled in school post-treatment or had either graduated from school or earned a GED. There were also about 22% of youth overall (29/127) who had been enrolled in school at treatment and were no longer enrolled and had not graduated or earned a GED.

School Suspensions and Expulsions

- **A smaller proportion of youth were suspended or expelled following treatment than in the year prior to treatment..**
    - **In the year prior to treatment about 68% of both groups reported school suspensions. Post-treatment, a third of "Becca" youth compared to 18% of "non-Becca" youth reported being suspended from school.**
    - **In the year prior to treatment, 30% of youth had been expelled from school at least once, whereas post-treatment, only 6% had been expelled from school. There were no differences between "Becca" and "non-Becca" youth in the proportion expelled from school.**

Figure 8: Suspensions and Expulsions Pre- and Post-Treatment



**difference is significant at p<.05*

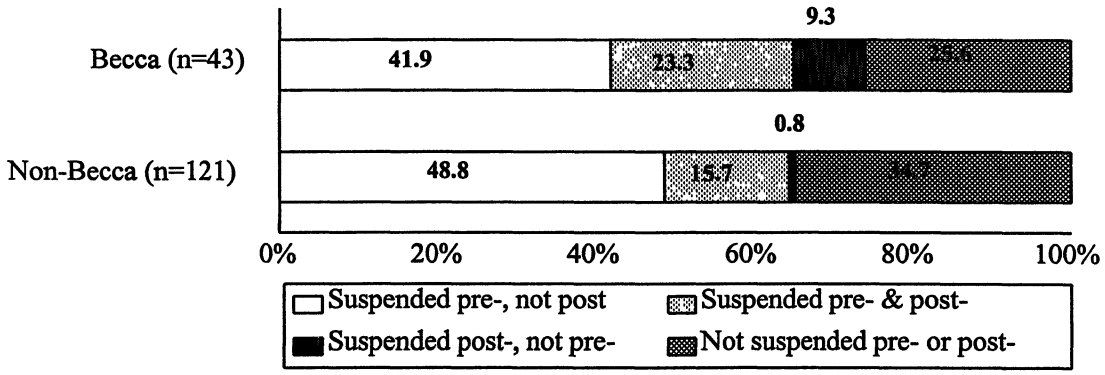
Data Source- Youth Interview

The proportion of youth who had been expelled or suspended from school was assessed at the follow-up interview for the year prior to treatment and for the three months prior to the interview among youth in school during the relevant time-period. About 30% of youth were expelled from school in the year prior to treatment, with only 6% being expelled following treatment. There were no differences in the proportion of youth expelled from school between "Becca" and "non-Becca" youth.

Over two-thirds of the both "Becca" and "non-Becca" youth were suspended in the year prior to treatment. However, as shown in Figure 8, a larger proportion of "Becca" than "non-Becca" youth were suspended following treatment ($p<.05$). It is not clear why this is the case.

Figure 9 presents the proportion of youth who had been suspended in the year prior to treatment and in the three-month follow-up period. The bar is divided into four components. The first components (blank) presents the proportion of youth who were suspended prior to treatment but not post-treatment, the second component (dots) presents the youth who were suspended both pre- and post-treatment. These two components summed are the percent that were suspended pre-treatment. The third component (solid) is the proportion who were suspended post-treatment but had not be suspended pre-treatment, and the last component (hatch marks) are the youth who were not suspended in either time period.

Figure 9: Suspensions from School Before and After Treatment



Data Source- Youth Interview

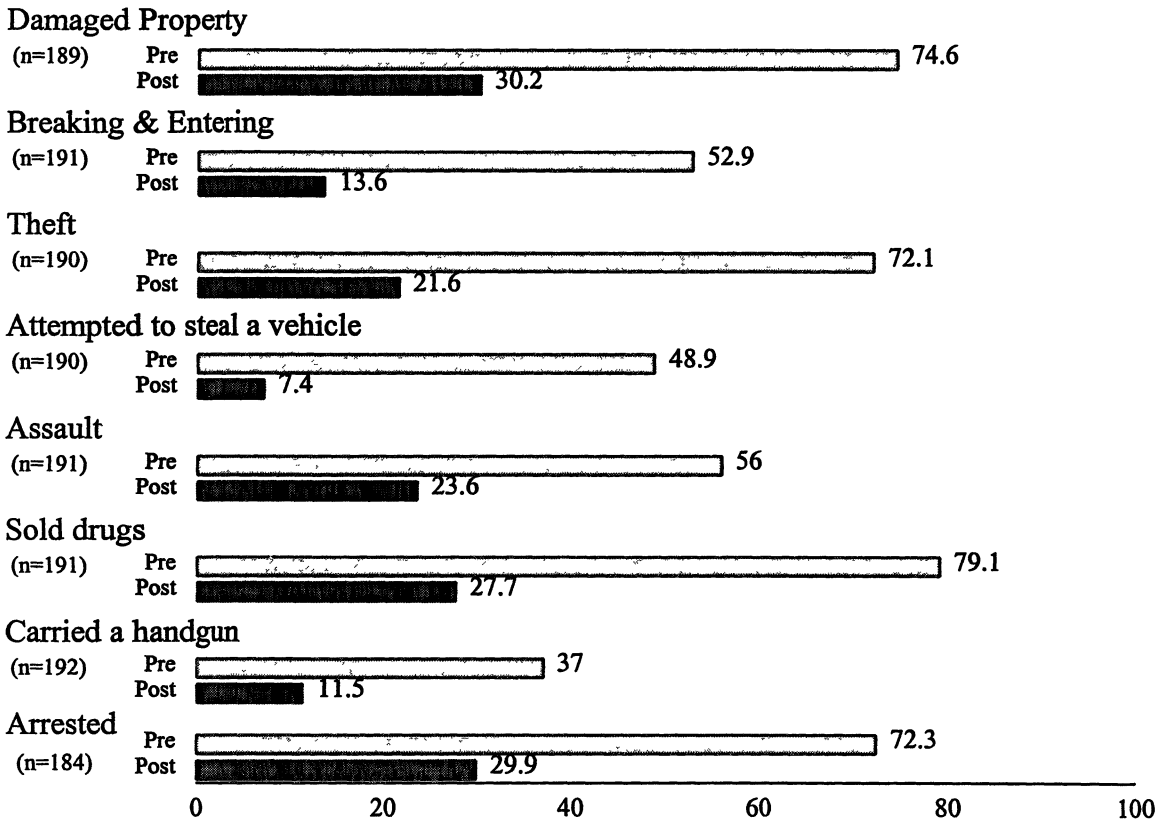
It can be seen from figure 9 that a few youth were suspended post-treatment who had not reported school suspensions in the prior year. This was the case for 9% (4) of "Becca" youth compared to 0.8% (1) of "non-Becca" youth. One problem in interpreting the school suspension and expulsion data is that nearly a quarter of the sample were interviewed in the fall (October through December) and thus many of the youth did not have a full three months prior to the interview in which they were in school. However, a larger proportion of "Becca" youth who were enrolled in school at the time of the interview were interviewed during the fall (19/35, 54%) than "non-Becca" youth enrolled in school (25/94). Thus, the time of the interview does not explain why a larger proportion of "Becca" youth had been suspended.

To control for the difference in the length of time for the pre-treatment and post-treatment follow-up periods, the number of suspensions reported was converted to a monthly rate. The rate of suspensions decreased from .283 times per month prior to treatment to .104 times per month post-treatment ($p<.01$). There was no difference in the rate of expulsions pre and post treatment, and the rate for both periods was quite low (.02).

Delinquent Behavior

- **There was a substantial decrease in the prevalence of delinquent behaviors following treatment.**
    - **79% of youth sold drugs in the year prior to treatment, whereas 28% reported selling drugs in the 3-months prior to the post-treatment interview**
    - **53% of youth reported breaking and entering offenses in the year prior to treatment, compared to only 14% post-treatment.**

Figure 10: Delinquent Behavior Pre- and Post- Treatment



Data Source- Youth Interview

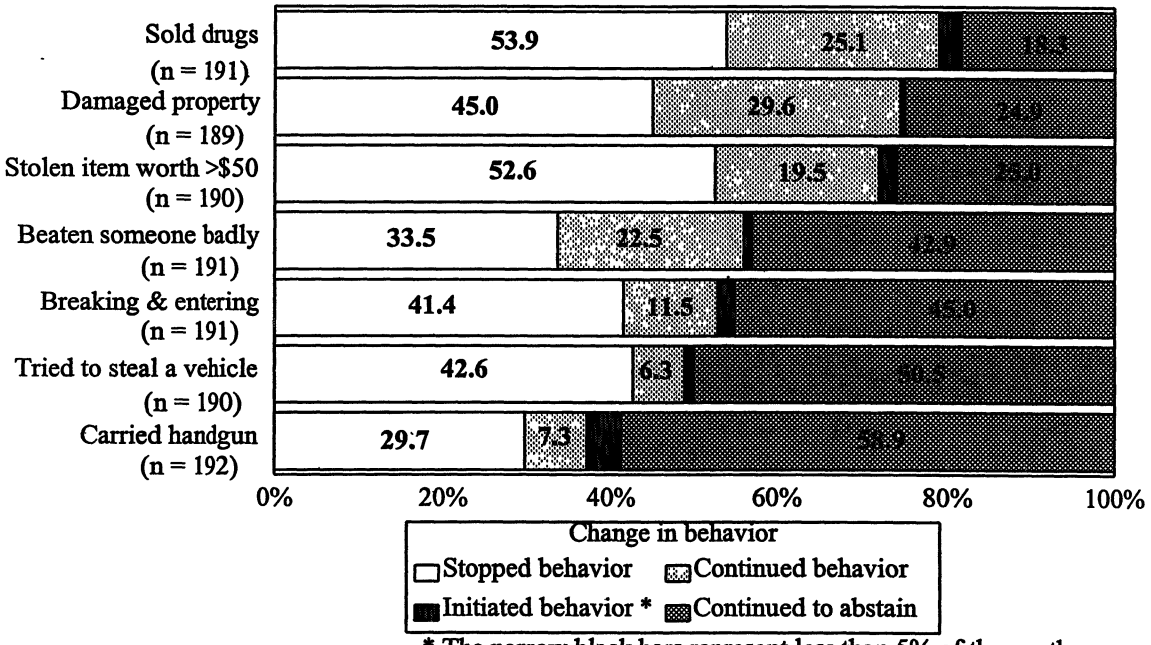
The proportion of youth committing delinquent acts decreased following treatment for every behavior measured. The smallest decrease was 50%, for assaults, and the most substantial decrease was for attempting to steal a vehicle with a post-treatment level only 15% of the pre-treatment level.

- **A substantial proportion of all youth that committed delinquent acts abstained from these delinquent behaviors following treatment.**

    - **About three quarters of youth who had stolen items prior to treatment did not steal post treatment. A similar proportion of youth who had broken into buildings did not break into building post-treatment.**

    - **About two -thirds of youth who had sold drugs prior to treatment did not sell drugs post-treatment.**

Figure 11: Change in Delinquency Before and After Treatment



* The narrow black bars represent less than 5% of the youth.

Data Source- Youth Interview

Pre-treatment delinquency was assessed for the year prior to treatment, and post-treatment delinquency was assessed for the 3-months prior to the interview. Both pre- and post-treatment prevalence information was obtained via self-report of the youth at the follow-up interview. Figure 10 shows the aggregate proportion of youth who engaged in each of the behaviors pre- and post-treatment. Figure 11 shows change in the proportion of youth across a range of delinquent behaviors. The first part of the bar shows the percent of youth who had previously engaged in the behavior but had not engaged in it during the 3 months prior to the follow-up interview; the second component reflects the percent that continued their delinquent behavior post-treatment. The third component, which is consistently small, are the "initiators"-- individuals who did not report engaging in the behavior prior to treatment but did report it at follow-up for the previous three months. The last component are those who did not engage in the

behavior either in the year prior to treatment or following treatment. From the figure, it can be seen that for all behaviors post-treatment, about half to three quarters of youth who had engaged in the behavior prior to treatment stopped post-treatment, and that few youth initiated the behaviors post-treatment.

Table 37 provides a comparison of monthly rates of delinquent behavior pre- and post-treatment. To control for the different lengths of time covered in the pre-treatment and post-treatment periods in making comparisons, we converted the number of times youth reported engaging in the behavior at both time periods to monthly rates. As mentioned previously not all youth were out of treatment for three months prior to being interviewed, rates were adjusted appropriately for these youth (see table 32). Monthly rates were only calculated for behaviors for which we had obtained frequencies. For all the behaviors except attempting to steal a vehicle, post-treatment rates were significantly lower than the pre-treatment rates ($p<.05$).

Table 37: Rates of Delinquent Behaviors Before and After Treatment

BEHAVIOR	n	Mean Rate/Month	t-Statistic	Statistical Significance
Damaged Property				
Pre	188	1.39	3.44	.001
Post	188	0.660		
Breaking And Entering				
Pre	191	0.394	2.53	.012
Post	191	0.168		
Theft				
Pre	190	1.36	3.20	.002
Post	190	0.650		
Tried To Steal A Vehicle				
Pre	190	0.527	1.40	.163
Post	190	0.259		
Assault				
Pre	191	0.544	3.59	.000
Post	191	0.213		
Sold Drugs				
Pre	191	4.22	3.39	.001
Post	191	2.47		

The majority of all youth who engaged in delinquent behaviors prior to treatment abstained from such behaviors following treatment.

- **The proportion of those who abstained from the delinquent behaviors they committed prior to treatment ranged from a high of 87% for attempting to steal a vehicle to a low of 60% for theft and vandalism.**

Table 38: Among Those Who Engaged in a Delinquent Behavior Prior to Treatment, Percentage of Youth Who Abstained from the Behavior Post-Treatment

	# Reporting Behavior Year Pre-Tx	Abstained Post Tx, Prior 3 months	
DELINQUENT BEHAVIOR	**n**	**%**	**n**
Sold Drugs	151	68.2	(103)
Vandalism/Destroying Property	141	60.3	(85)
Theft	137	73.0	(100)
Assault	107	59.8	(64)
Breaking and Entering	101	78.2	(79)
Attempted to Steal a Vehicle	93	87.1	(81)
Carried handgun	71	80.3	(57)

Data Source- Youth Interview

Across all delinquent behaviors, more than 60% of the youth who had engaged in the delinquent behavior prior to treatment were not involved in it during the three months prior to the post-treatment interview. The proportion of decrease varied depending upon the type of behavior. Stealing vehicles, carrying handguns, and breaking and entering showed the greatest percent of youth stopping the behavior, whereas physical assault and vandalism showed the least amount of decrease. About a third of youth who had sold drugs prior to treatment continued to sell drugs post-treatment.

Involvement with the Criminal/Juvenile Justice Systems

- **29% of youth were arrested post-treatment, compared to 72% of youth in the year prior to treatment.**

Table 39: Involvement with the Criminal/Juvenile Justice Systems Post-Treatment

CRIMINAL/JUVENILE JUSTICE INVOLVEMENT		"NON-BECCA"	"BECCA"	OVERALL
Any Arrests Post Treatment	**n**	**% n**	**% n**	**% n**
% Yes		26.6 (38)	34.7 (17)	28.6 (55)
Arrest Type				
Arrested for property crimes	184	13.1 (18)	14.9 (7)	13.6 (25)
Arrested for violent crimes	186	8.0 (11)	8.2 (4)	8.1 (13)
Possession or use of alcohol	182	5.2 (7)	2.1 (1)	4.4 (8)
Other public-order offenses	185	4.3 (6)	0 (0)	3.2 (6)
Possession or use of other drugs	182	2.2 (3)	4.3 (2)	2.7 (5)
Arrested for physical control of a vehicle	181	2.2 (3)	0.0 (0)	1.7 (3)
Arrested for DUI/DWI	183	1.5 (2)	0.0 (0)	0.5 (2)
Arrested for other drug offenses	182	1.5 (2)	4.3 (2)	2.2 (4)
Juvenile justice involvement during 3 months prior to interview		**% n**	**% n**	**% n**
On probation or parole	191	56.3 (80)	57.1 (28)	56.5 (108)
Put in detention or jail overnight	191	28.9 (41)	40.8 (20)	31.9 (61)
Juvenile correction facility	191	19.0 (27)	14.3 (7)	17.8 (34)
Training school or boot camp	191	0.7 (1)	2.0 (1)	1.0 (2)
Other supervised program	188	9.4 (13)	18.4 (9)	11.7 (22)

Data Source- Youth Interview

Over a quarter of all youth reported that they were arrested during the three months prior to the interview. There were no differences between "Becca" and "non-Becca" youth in arrests post-treatment. Although this is still a substantial proportion of youth arrests it does reflect a decrease. Over 72% had been arrested in the year prior to treatment and, among this group, two-thirds had no arrests during the three months post-treatment period, and about a about a third of youth had been put in detention or jail overnight post-treatment. The overall rate of arrest pre- and post-treatment for the entire sample was calculated to account for the different time frames considered before and after treatment. The rate of arrest prior to treatment was 1.68 arrests per month which was significantly higher than the post-treatment rate of .098 arrests per month ($p<.001$). Among those who had been arrested, the most common type of arrest was for a property crime, the next most common arrest was for a violent crime.

As also seen in Table 39, over half of all youth were on probation or parole post-treatment. However, the majority of the youth interviewed were dealing with the consequences of committing crimes prior to treatment entry. We used TARGET to provide information on whether the youth had been on probation at treatment entry and found that approximately two-

thirds of the youth on probation post-treatment were on probation at treatment entry. Thus, it is likely that for the majority of youth on probation, this was not due to a new offense.

Mental Health Post-Treatment

- **The overall prevalence of negative mood states appeared high for both groups. However, the lack of available normative comparisons makes interpretation difficult.**
    - **About 40% reported anxiety or depressive symptoms**
    - **About 5% had attempted suicide post-treatment**
- **"Non-Becca" youth reported more difficulty controlling anger post-treatment than "Becca" youth.**
    - **Two-thirds of "non-Becca" youth compared with half of "Becca" youth had difficulty controlling anger .**

Table 40: Mental health/emotional status following in-patient treatment

MOOD/EMOTIONAL STATUS	n	"NON-BECCA"	"BECCA"	OVERALL
Mood in last 30 days	**191**	% n	% n	% n
Very Good/Excellent		31.7 (45)	16.3 (8)	27.8 (52)
Mixed		61.3 (87)	73.5 (36)	64.4 (123)
Bad/Very Bad		7.0 (10)	10.2 (5)	7.9 (15)
Felt worried/anxious for more than a month during the last 3 months	**191**	% n	% n	% n
No		57.0 (81)	63.3 (31)	58.6 (112)
Yes		43.0 (61)	36.7 (18)	41.4 (79)
Had trouble controlling anger during the last 3 months	**192**	% n	% n	% n
No		31.5 (45)	51.0 (25)	36.5 (70)
Yes		68.5 (98)	49.0 (24)	63.5 (122)
Sad for 2 or more weeks in a row during the last 3 months	**192**	% n	% n	% n
No		64.3 (92)	55.1 (27)	62.0 (119)
Yes		35.7 (51)	44.9 (22)	38.0 (73)
Attempted suicide in last 3 months	**191**	% n	% n	% n
No		95.8 (136)	93.9 (46)	95.3 (182)
Yes		4.2 (6)	6.1 (3)	4.7 (9)

Data Source- Youth Interview

Mental health status was assessed using standard screening items for anxiety and depression, as well as face valid items to assess suicide attempts and anger management. The assessment is quite limited and we did not have available normative comparisons appropriate for this adolescent sample. Thus, the results can only be used for descriptive purposes. "Becca" and

"non-Becca" youth were similar in terms of reporting having felt anxious or depressed, with about 40% reporting these symptoms. About 5% of youth had attempted suicide post-treatment, although none had attempted it within the past 30 days. The only difference that appeared between the two groups was that "non-Becca" youth were more likely than "Becca" youth to report difficulty controlling anger ($p<.02$). Comparable data was not available for these youth prior to treatment.

Summary

Across all of the behaviors assessed, there was a substantial decrease in problem behavior following treatment. Furthermore, the outcomes were very similar for "Becca" and "non-Becca" youth. Thus, treatment appears to be as effective for "Becca" as "non-Becca" youth. However, over 60% of youth did report alcohol and/or drug use in the three month post-treatment follow-up period, and, those that did report drug use were using in ways that are potentially acutely harmful. For alcohol, about half of those who drank reported "binge" drinking. Nearly 80% of those who drank or used drugs reported at least one negative consequence. Nevertheless, the majority of youth were abstinent from their primary drugs of choice for at least a month post-treatment.

For most youth, the post-treatment living situation appeared more stable. Few youth had run from home or spent nights on the street or in shelters post-treatment, although it is possible that some of the youth who did run were lost to contact at the follow-up treatment.

A very encouraging finding was that there appeared to be substantial change in the friendship network of the youth following treatment. Most reported that they had different friends from before treatment, and that their current friends were less alcohol and drug involved.

There also was a substantial decrease in delinquent behavior post-treatment. Yet, for the behaviors that were most prevalent prior to treatment, (e.g., selling drugs, vandalism, stealing, and assault) about 20-25% of the youth were still engaging in them post-treatment. Consistent with this, about a quarter of the youth reported having been arrested post-treatment.

Overall, the treatment outcomes were very positive, with both "Becca" and "non-Becca" youth showing a substantial decrease in drug use and other problem behaviors. It is also evident, however, that additional assistance in helping youth is necessary, and that residential treatment is only part of the change process.

IV. Subsequent Chemical Dependency And Mental Health Treatment

Subsequent Chemical Dependency Treatment

- **Nearly 88% of youth reported receiving additional chemical dependency treatment following the initial treatment admission.**
    - **About half reported some form of subsequent outpatient treatment and about a fifth of youth reported inpatient/residential treatment.**
    - **Three quarters of youth reported involvement with some type of 12-step group.**

Table 41: Type of Subsequent CD Treatment Admissions

SUBSEQUENT CD TREATMENT SERVICES	"NON-BECCA" n=143		"BECCA" n=49		OVERALL n=192	
Receive Any Services	**%**	**n**	**%**	**n**	**%**	**n**
% Yes	87.4	(125)	87.8	(43)	87.5	(168)
Type of CD Services	**%**	**n**	**%**	**n**	**%**	**n**
Inpatient/Residential	20.3	(29)	22.4	(11)	20.8	(40)
Outpatient	47.6	(68)	53.1	(26)	49.0	(94)
School program	12.6	(18)	10.2	(5)	12.0	(23)
Alcoholics/Narcotics Anonymous	71.3	(102)	75.5	(37)	72.4	(139)
Other	5.6	(8)	2.0	(1)	4.7	(9)

Data Source- Youth Interview

Chemical dependency treatment in Washington state is built around the idea of providing a continuum of care whereby youth would follow residential treatment with some form of aftercare and/or outpatient treatment. Thus, one question we addressed is what percentage of youth received outpatient or aftercare treatment following the index admission. However, changing substance abuse behavior is a process, and for many people requires more than one residential treatment episode. Particularly among youth who do not complete treatment, or continue using alcohol other drugs excessively, readmission to residential treatment can be viewed as a positive outcome.

Data on subsequent treatment admissions was obtained from both the youth interview and from TARGET. However, because records of privately funded clients are not submitted to TARGET, we did not have subsequent treatment information for over fifty people. We thus report here only self-report data from the youth. We did, however, compare the agreement between TARGET and youth self-report for outpatient and residential treatment. Not surprisingly, there was better agreement between TARGET and youth self-report for residential treatment than for outpatient treatment. Out of 150 youth, only 6 (4%) youth reported receiving residential treatment that did not concur with TARGET, whereas 17 (11%) youth had records of subsequent admissions in TARGET that were not reported by the youth. In contrast, 35 out of 150 youth

(23%) reported outpatient treatment that did not concur with TARGET. This could be due to youth participating in a kind of school or support program that they consider outpatient treatment but which is not considered an outpatient treatment program under TARGET criteria. It also could be that the admission data were not yet in TARGET. However, it should be recognized that the number reporting subsequent treatment may be slightly inflated.

The data presented here are based on youth's self report during the interview. Almost all of the youth reported some type of subsequent CD treatment services, which included school programs and participation in self-help groups such as Alcoholics Anonymous. About 21% of youth reported subsequent residential treatment, and 48% reported subsequent outpatient treatment. Twelve step programs were the most common, followed by outpatient treatment, inpatient/residential treatment, and school programs. No significant differences between "Becca" and other youth were found in the reporting of subsequent treatment.

- **64% of youth who completed treatment received subsequent outpatient treatment compared to 28% of youth who did not complete treatment.**

We examined whether youth had completed treatment and the type of subsequent treatment they reported. Consistent with the continuum of care model, youth who completed treatment were more likely to receive subsequent outpatient treatment (64%, 70/109) than youth who did not complete treatment (28%, 23/82) *($p<.001$)*. There was no difference in the proportion of youth receiving subsequent residential treatment based on whether or not youth had completed the initial residential treatment episode.

Subsequent Mental Health Treatment

- **Overall, a third of youth reported some form of mental health treatment subsequent to their admission for chemical dependency treatment.**
- **Outpatient treatment was the most common type of subsequent mental health treatment and was more common among "Becca" youth than other youth.**

Table 42: Subsequent Mental Health Treatment Admissions

	n	"NON-BECCA"		"BECCA"		OVERALL	
Type of treatment	**191**	%	n	%	n	%	n
Any type*		31.0	(44)	46.9	(23)	35.1	(67)
Type of Treatment Admission	**192**						
Outpatient +		20.3	(29)	34.7	(17)	24.0	(45)
School Program		5.6	(8)	6.1	(3)	5.7	(11)
Inpatient		2.1	(3)	0.0	(0)	1.6	(3)
Residential or Group Home		0.7	(1)	0.0	(0)	0.5	(1)
Other		4.9	(7)	6.1	(3)	5.2	(10)

Data Source- Youth Interview
** Difference is statistically significant, $p<0.05$.*
+ $p< 0.06$

Mental health treatment subsequent to the initial chemical dependency treatment admission was assessed via youths' self-report during the interview. "Becca" youth were about 50% more likely to receive subsequent mental health treatment than "non-Becca" youth. This difference was due to the greater proportion of "Becca" youth who received outpatient mental health treatment and was statistically significant. Five percent or less of youth reported receiving mental health treatment through inpatient, residential/group home, school programs , or other programs.

Summary

Almost all of the youth reported some type of CD treatment subsequent to their index admission, with no differences between "Becca" and "non-Becca" youth. The majority reported some form of outpatient treatment, with the most prevalent form of follow-up service being participation in a support group such as Alcoholics Anonymous followed by outpatient treatment. "Becca" youth were, however, more likely than "non-Becca" youth to receive subsequent mental health services although, overall, a little over a third reported receiving any such subsequent mental health services.

V. Parents' Views Of The "Becca" Bill And Use Of Its Provisions

The following section describes parents' awareness of the "Becca" Bill, their processes for utilizing the Bill, and their views regarding the Bill. In the interview, we first asked parents if they were aware of the "Becca" Bill or any of its provisions and where they had heard about them. If they expressed awareness of either the Bill or its provisions, we then asked parents if they considered using any of the provisions and if so, which one. Depending on which provision was considered (i.e., ARY, CHINS, Involuntary Treatment Admission), we then asked a series of questions about the specific processes involved in petitioning under that provision. These questions were asked to determine if there were any points in the process where parents systematically had difficulty. The questions were derived from interviews with key informants within DASA and DCFS who were responsible for monitoring implementation of the Bill.

Parent Awareness of the Bill and its Provisions

- **About 90% of "Becca" parents compared to about 60% of "non-Becca" parents were aware of the "Becca" Bill.**

Table 43: Awareness of the "Becca" Bill and its Provisions

	"NON-BECCA" n=160		"BECCA" n=56		OVERALL n=216	
AWARENESS	%	n	%	n	%	n
Awareness of "Becca" Bill *	58.8	(94)	89.3	(50)	66.7	(144)
Awareness of the ARY, CHINS or involuntary processes (of Bill) *	41.3	(66)	85.7	(48)	52.8	(114)

Data Source- Parent Interview

** Statistically significant difference, $p<0.05$*

"Becca" parents were more likely to be both aware of the Bill and aware of the petition processes. While it is not surprising that a higher proportion of "Becca" parents were aware of the Bill than "non-Becca" parents, it is interesting that not all "Becca" parents reported awareness of both the Bill and its provisions. About half of the parents who did not utilize the "Becca" Bill were nevertheless aware of it.

Source of Information About "Becca" Bill

- **Nearly half of parents had heard of the "Becca" Bill from a CD treatment provider, and a third heard of the "Becca" Bill from DCFS or the news/media.**

Table 44: Source of Information About "Becca" Bill

SOURCE OF INFORMATION	%*	(n =159)
CD treatment provider	47.2	(75)
News/media	32.1	(51)
DCFS	30.2	(48)
Probation counselor	20.8	(33)
Schools	18.2	(29)
Family or friends	15.1	(24)
DASA	4.4	(7)
Physician	4.4	(7)
Emergency room personnel	3.1	(5)
Other	34.4	(54)

Data Source- Parent Interview

**Respondents were allowed to endorse more than one category, hence % adds to more than 100%*

Parents were asked where they had heard about the "Becca" Bill and its provisions. Potential sources of information were read to parents and they were allowed to endorse more than one source. The most commonly reported sources of information were CD treatment providers, news/media, DCFS, probation counselor, school, or family/friends. As shown in Table 44, CD treatment agencies were an important source of information about the "Becca" Bill. Over half of those who had heard about the Bill heard about it through CD treatment agencies. DCFS and the news media were the second most common sources of information. Types of sources in the "Other" category included other parents (7%, n=14), mental health counselors (6%, n=9), police (4%, n=7), or others involved in the juvenile justice system (4%, n=6)

Parents' Use of Becca Bill Provisions

Petition Processes Considered

- **Of the 159 parents who knew about the "Becca" Bill and/or its petition processes, only 86 parents (54.1) considered applying for a petition .**

Table 45: "Becca" Bill Petitions Considered

PETITION PROCESSES	%	(n=159)
Considered any petition process	54.1	(86)
Process considered	**%**	**(n=86)**
ARY	81.8	(72)
CHINS	22.2	(18)
Involuntary commitment	2.5	(2)

Data Source- Parent Interview

The reasons that parents chose not to apply were largely: (1) that their child was willing to go to treatment without it; hence the parent felt it was unnecessary (44.4%, n=32), (2) the parent did not know enough about the process (29.2%, n=21) , (3) the parent did not think the petition would help or it did not help in past attempts (9.7%, n=7), or (4) the parent was told by a professional not to apply (5.6%, n=4).

1) ARY Process and Satisfaction

- **The most "dropouts" from either the ARY or CHINS processes quit between consideration of the process and completing a petition through the court.**

Of the 72 parents who considered the ARY process, over two-thirds (n=49) actually had a petition completed through the court. The reasons that the remaining third of parents did not complete this first stage of the process were: because the parent decided that the petition was not appropriate (30.0%, n=9), that they were told by a professional not to proceed (30.0%, n=9), or that the youth got arrested instead (10.0%, n=3).

- **Of the 49 parents who completed an ARY petition, 5 (10.2%) did not complete the entire ARY process through the "fact finding" stage.**

The reasons parents did not complete all stages of the ARY process were: that the youth ultimately showed willingness for treatment (n=3), a "settlement" was reached (n=1), or the youth got into treatment prior to completing the process (n=1).

Eighteen parents had to pursue contempt of court charges against their child and 22 parents required additional court dates in the ARY process (primarily for quarterly review). Seven parents noted that "other steps" were necessary in the ARY process; these were primarily actions following contempt charges (n=2) and that the youth continued on probation (n=2).

- **Of those parents who embarked on the ARY process (n=49), 77.6% (n=38) were either very satisfied or somewhat satisfied.**

For those parents who expressed dissatisfaction with the ARY petition process, it was largely due to: the process being long and complex (32%, n=8), and that people did not listen to the parent or child (12%, n=4).

2) CHINS Process and Satisfaction

Relatively few parents 22% (n=18) considered applying for the CHINS petition. The CHINS petition is generally considered for youth who need an out-of-home placement, rather than for youth needing only treatment.

- **Of the 18 parents who considered the CHINS process, 12 (66.7%) actually had a petition completed through the court.**

The reasons that parents did not complete this first stage of the process were that the youth was already on probation (n=1), the school filed (n=1), the parents or youth did not follow through (n=3), or that the youth was admitted without it (n=1).

- **Of the 12 who completed CHINS petitions, 5 (41.6%) did not complete the CHINS process beyond attendance at a "fact finding" hearing.**

The reasons parents did not complete all stages of the CHINS process were that the parents were uninformed about the process (n=1), that the process was ultimately not needed (n=2), and that court dates were canceled (n=1).

Six parents needed a second court hearing and two parents noted that "other steps" were necessary in the CHINS process; these step were to get a lawyer and to pay for foster care

Of those parents who embarked on the CHINS process (n=12), 78.3% (n=7) were either very satisfied or somewhat satisfied -- the remaining 21.7% were either somewhat unsatisfied or very unsatisfied. For those parents expressing dissatisfaction with the CHINS petition process, it was due to the process being long and complex (n=5), that the process was stressful or did not work (n=1), and that it did not seem applicable (n=1).

3) Involuntary Treatment Process (ITA) and satisfaction

- **Only 2 parents initiated an ITA. Both had chemical dependency specialists complete an assessment; for one a court date was set. Both parents noted that "other steps" were needed. These steps were getting information from a lawyer and getting a medical exam for their child.**

- **Both parents were at least somewhat satisfied with the ITA process.**

Parents' Perceptions of the "Becca" Bill

Perceived Strengths of the Bill

Parents were asked open-ended questions regarding the strengths and weakness of the "Becca" Bill. These responses were categorized by content and are reported below.

- **The most frequently reported perceived strengths of the "Becca" Bill related to its providing control, clout, and empowerment for parents, and its ability to help get youth into treatment.**

Table 46: Commonly-Reported Strengths of the Becca Bill by Parents

STRENGTHS OF THE "BECCA" BILL	%	n=216
Provides empowerment, control, and rights to parents	19.9	(43)
Helps youth get into treatment and stay clean/sober	10.6	(23)
Provides court clout to back up parents	10.2	(22)
Helps families	3.7	(8)

Data Source- Parent Interview

Other strengths reported included: that the Bill kept youth safe, that it increased public awareness of the CD problems, that it helps youth be more accountable to authority, and that it helps parents get youth into treatment when they don't want to or when parents have financial constraints.

Perceived Weaknesses of the "Becca" Bill

- **The most frequently reported weaknesses of the "Becca" Bill centered on not being able to "hold" youth against their will, and the lack of knowledge regarding the Bill and how to navigate its complex provisions (see Table 47 below).**

Table 47: Commonly-Reported Weaknesses of the Becca Bill by Parents

WEAKNESSES OF "BECCA" BILL	%	n=216
The Bill "has no teeth", that it cannot "hold" youth against their will	9.3	(20)
There is a lack of knowledge, awareness and information about the Bill	9.3	(20)
Entails a long and complex process	6.0	(13)
Requires CRC's (or other secure and safe places) which are currently unavailable	5.1	(11)
The Bill is unclear; no one knows how to navigate the system	4.6	(10)
More parent support and listening to parents is needed	3.2	(7)
Jail is the Bill's outcome and makes youth into criminals	1.4	(3)

Data Source- Parent Interview

Weaknesses reported included that the parents end up responsible regardless, that the court process is inflexible and unhelpful, that youth resent the process, that there remain financial barriers, that the petition process comes too late for some youth, that youth can override ARY with CHINS, and that more funds are needed to support treatment that results from using the Bill.

Parents' Perceptions of the Overall Impact of the "Becca" Bill

Parents were asked about whether the "Becca" Bill had, overall, a positive or negative impact on youth. A second question asked parents about the Bill's impact on parents.

- **Despite concerns regarding the Bill, parents overall felt that the Bill had a positive impact on both youth and parents.**

Table 48: Impact of "Becca" Bill on Youth and Parents

	IMPACT ON YOUTH n=123		IMPACT ON PARENTS n=121	
IMPACT	%	n	%	n
Much more positive impact	31.7	(39)	43.2	(54)
Somewhat more positive impact	40.7	(50)	32.8	(41)
About the same	4.9	(6)	5.6	(7)
Somewhat more negative impact	4.9	(6)	1.6	(2)
Much more negative impact	2.4	(3)	3.2	(4)
Don't know	15.4	(19)	13.6	(17)

Data Source- Parent Interview

Success of the "Becca" Bill in Helping Parents Access Treatment

Parents were asked about how successful the "Becca" Bill had been in helping them get their children in need of CD treatment into treatment.

- **The majority of parents felt that the Bill was at least somewhat successful in meeting its mission of getting youth into treatment when needed.**

Table 49: Success of "Becca" Bill in Getting Youth into Treatment

LEVEL OF SUCCESS	%	n=142
Very successful	31.0	(44)
Somewhat successful	31.0	(44)
Somewhat unsuccessful	10.6	(15)
Very unsuccessful	7.7	(11)
Don't know	19.7	(28)

Data Source- Parent Interview

Summary

A majority of all parents had heard of the "Becca" Bill with the greatest proportion of parents hearing about it from a chemical dependency treatment provider. Just over half of parents who knew of the "Becca" Bill considered applying for a petition. ARY was the most common type of petition considered. For both the ARY and CHINS petition processes, two-thirds of parents who considered it ended up having a petition completed through the court. Three-quarters of parents were somewhat or very satisfied with these two processes. A majority of parents reported that the "Becca" Bill had a positive impact on their children and that the Bill was somewhat or very successful in meeting its mission of getting youth into treatment when needed.

VI. Parents' Views Of Adolescent Chemical Dependency Treatment

The following section details parents' views of adolescent CD treatment. Views on residential treatment are provided first, followed by those for outpatient treatment, then views regarding the treatment system overall. The interview included more detailed questions regarding residential treatment, and as such, this section includes not only satisfaction levels, but also treatment access issues.

Residential Chemical Dependency Treatment

Access Issues and Barriers to Residential Chemical Dependency Treatment

Parents were asked about difficulties they had obtaining residential treatment for their child. They were also asked specifically about: (a) the ease with which they were able to obtain an assessment for residential treatment admission, (b) about how cooperative their child was with regard to treatment admission, (c) about the time between first seeking treatment and admission, and (d) waiting time between assessment and admission -- all of which can impact overall ease of treatment access.

- **Overall, more than three-quarters of parents had "no problems" identifying, reaching, and obtaining an assessment for treatment admission, and most found the access process easy overall. About a quarter of parents reported prior unsuccessful treatment admission attempts for their child.**
- **Parents of "Becca" youth were significantly more likely than parents of "non-Becca" youth to report at least some problems with treatment access, especially identifying an assessor.**

Table 50: Assessment for Residential Treatment

ASSESSMENT	n	"NON-BECCA" n=157		"BECCA" n=55		OVERALL	
Parents Reporting Problems With:	**212**	%	n	%	n	%	n
... identifying assessor*		20.4	(32)	36.4	(20)	24.5	(52)
... reaching an assessor		11.5	(18)	5.5	(3)	9.9	(21)
... having an assessment done		17.2	(27)	27.3	(15)	19.8	(42)
Entry into treatment							
Any prior unsuccessful tx admission attempts	215	26.9	(43)	25.5	(14)	26.5	(67)
Reported "very" or "somewhat" easy to get into tx*	214	73.6	(117)	58.2	(32)	69.6	(149)

Data Source- Parent Interview

** Statistically significant differences, $p<0.05$*

Parents were first asked a series of questions about the ease of obtaining an assessment for admission and of overall treatment access. "Becca" parents were more likely than "non-Becca" parents to report they had problems finding an assessor and having an assessment done. They

were also less likely than parents of "non-Becca" youth to report that it was "very" or "somewhat" easy to get their child into treatment.

If either "some" or "significant" problems were noted, or a parent reported prior unsuccessful attempts at treatment admission, parents were asked to explain the difficulties -- their responses to these follow-up questions are reported below.

- **Problems with access to treatment included youth's resistance, financial problems, agency would not admit youth because drug use not considered serious enough, and being placed on a waiting list.**

Table 51: Commonly Reported Access Problems

ACCESS PROBLEMS	%	n=216
Youth did not want help/treatment	7.4	(16)
Financial/insurance problems	5.1	(11)
Youth did not meet tx criteria/agency did not agree with parents that youth had a problem significant enough to warrant treatment	4.6	(10)
Waiting list	4.6	(10)

Data Source- Parent Interview

The most commonly-reported treatment access issues centered on youths' lack of cooperation and financial issues. Some parents also reported waiting list problems, and that they had to work hard to convince treatment agencies that their child was in need of treatment. Other access problems included a lack of secure treatment facilities, unhelpful treatment center staff, an overly confusing and long process, excessive paperwork, and logistical difficulties (e.g., long distance phone calls, travel, time off, etc.).

Youths' Cooperation with Entering Treatment

Parents were asked about how willing their child was to go into treatment, whether the youth signed a consent form for admission, and whether the parent was aware that they could sign their child into treatment without the youth's consent. These questions were designed to assess the extent to which the youth's attitude toward treatment was an access barrier.

- **Overall, the majority of youth went along with treatment but did so grudgingly (53.3%). Few youth appeared to resist treatment at all points. Nearly all signed consent forms for treatment.**

- **"Becca" youth were more likely to resist treatment admission (and less likely to voluntarily cooperate with it).**

- **Less than a quarter of the parents were aware that they could sign their child into treatment without the youth's consent.**

Table 52: Youth Cooperation with Treatment Admission

TREATMENT ADMISSION	n	"NON-BECCA"	"BECCA"	OVERALL
Level of Cooperation		% n	% n	% n
Voluntarily cooperated	214	44.7 (71)	21.8 (12)	38.8 (83)*
Resisted but went along	214	50.9 (81)	60.0 (33)	53.3 (114)*
Resisted at all points	215	4.4 (7)	18.2 (10)	7.9 (17)*
Child signed consent for treatment	213	100.0 (158)	96.4 (53)	99.1 (211)
Parental awareness of law	**216**			
Parent was aware they could sign child in w/o child's consent.		26.6 (42)	17.9 (10)	24.1 (52)

Data Source- Parent Interview
**Statistically significant difference, $p<0.05$*

The results presented in Table 52 are consistent with the findings that parents of "Becca" youth were more likely to report access problems, and that common access problems were related to youth not wanting help or treatment. "Becca" youth were more likely to resist treatment admission, which is not surprising given that parents of "Becca" youth felt it necessary to make extra efforts to invoke the "Becca" Bill to obtain treatment for their children. It is noteworthy that nearly all youth consented to treatment. It is also interesting that a minority of parents were aware that they could admit their children to residential treatment without their consent. These findings suggest a need for increased parent education regarding treatment access.

Waiting Period From the Time Residential Treatment Sought To Treatment Entry

Parents were asked to estimate the time that elapsed between when they first sought treatment for their child and when the child obtained an assessment for admission. Parents were given the response options shown in Table 53 below.

- **Becca youth were less likely than "non-Becca" youth, and privately funded youth were less likely than publicly funded youth to have to wait for treatment admission.**
    - **46% of Becca youth compared to 61% of "non-Becca" youth were put on a treatment admission wait list**
    - **36% of privately funded youth compared to 63% of publicly funded youth were put on a treatment admission wait list.**
- **Approximately two-thirds of parents reported that they had spent one month or longer trying to get their child an assessment for adolescent residential CD treatment.**

Table 53: Time Between First Seeking Treatment and Admission Assessment

	"NON-BECCA" (n=158)		"BECCA" (n=55)		OVERALL (n=213)	
TIME LAG	%	n	%	n	%	n
<1 week	20.3	(32)	12.7	(7)	18.3	(39)
1-3 weeks	15.8	(25)	29.1	(16)	19.2	(41)
1-3 months	31.1	(49)	30.9	(17)	31.0	(66)
>3 months	32.9	(52)	27.3	(15)	31.5	(67)

Data Source- Parent Interview

Nearly a third of parents reported that the time from first seeking treatment until assessment for treatment admission was more than three months and about two-thirds of youth were admitted to treatment less than three months after first seeking treatment. There were no significant differences in time waiting for treatment assessment between parents of "Becca" and "non-Becca" youth.

Parents were then asked whether, following assessment, their child was on a waiting list for admission. Fifty-seven percent of parents (n=121) said their child was on a waiting list for treatment admission. For these parents the average length of waiting time was about a month (mean=30.2 days, s.d.=33.9) with a range from 2 to 210 days. However, the proportion who had to wait for treatment admission varied by whether or not the youth was a "Becca" youth and the source of treatment funding. "Becca" youth were less likely to be put on a waiting list for treatment admission than "non-Becca" youth (46% vs. 61%, respectively, $p<.05$), and privately funded youth were less likely than publicly funded youth to have to wait for treatment once the assessment occurred (63% vs. 36%, respectively, $p<.001$).

Table 54: Time From Treatment Assessment to Treatment Admission for Youth on Waitlist

TIME ON WAITLIST	"NON-BECCA" (n=96)		"BECCA" (n=25)		OVERALL (n=121)	
	%	n	%	n	%	n
1 week or less	14.6	(14)	24.0	(6)	16.5	(20)
1-3 weeks	35.4	(34)	36.0	(9)	35.5	(43)
1 month	30.2	(29)	28.0	(7)	29.8	(36)
2 months	12.5	(12)	12.0	(3)	12.4	(15)
3-7 months	7.3	(7)	0	(0)	5.8	(7)
Average Number of Days	**Mean**	**Range**	**Mean**	**Range**	**Mean**	**Range**
Average	32.5	2-210	21.4	3-60	30.5	2-210

Data Source- Parent Interview

Among those who were put on a waitlist for treatment admission, the average wait time was not significantly different for "Becca" vs. "non-Becca" youth (see Table 54) or for privately vs. publicly funded youth (not shown). However, this lack of statistically significant difference is in part due to the small numbers of youth included in the analysis and the large variance in the average wait-time. About 20% of "non-Becca" youth had to wait between two to seven months for treatment admission, whereas only 12% of "Becca" youth had to wait two-months and none had to wait longer than this. The average waitlist time for "Becca" youth was about 21 days compared to 32 days for "non-Becca" youth.

DASA initiated a policy that "Becca" youth be given treatment bed priority, along with pregnant teens and youth referred from detention. It appears that "Becca" youth were in fact given priority in that fewer "Becca" youth were put on a wait-list. Once on the waitlist, the average waiting time for a treatment bed was about the same, although only "non-Becca" youth had to wait more than two months. Nevertheless, given that "Becca" youth were given treatment priority, it is somewhat surprising that the majority still were put on a waitlist and that a substantial percentage had to wait 30 days or more for a treatment bed. This is a long time for adolescents and strongly suggests that there is a need for more residential treatment resources.

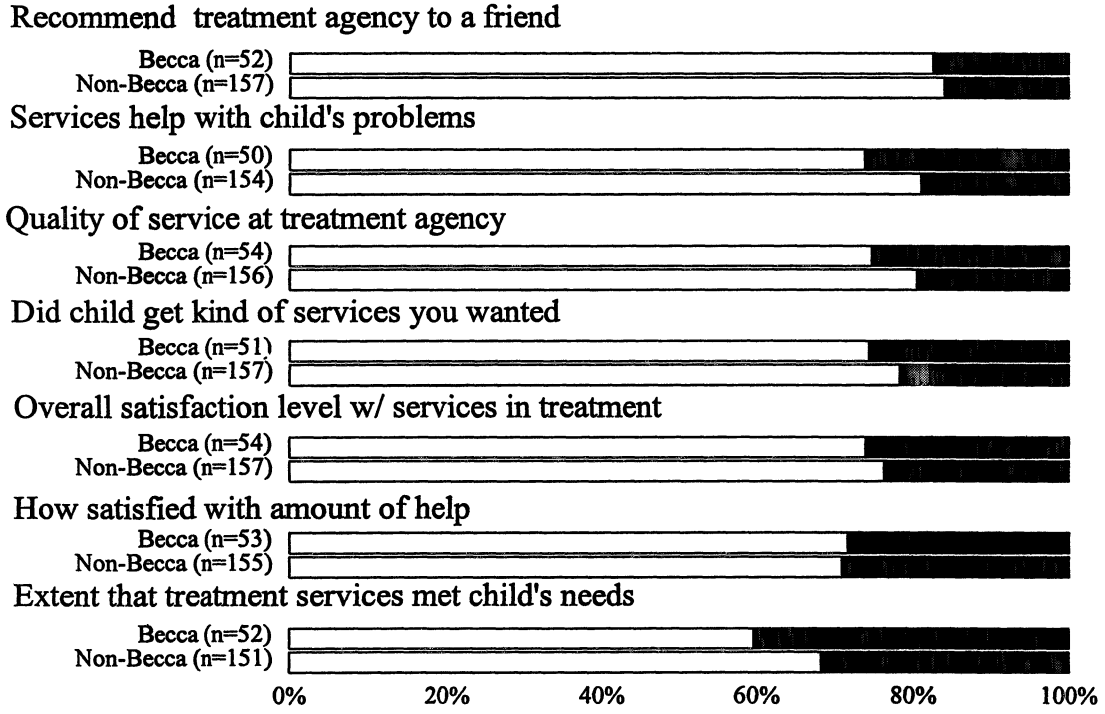
Parents were also asked a series of questions about who they contacted regarding getting CD treatment for their child and if those individuals were helpful and made referrals for CD treatment. The most common help sources included (in order of frequency reported): other outpatient and inpatient CD treatment providers, mental health treatment providers, school counselors, DCFS, family doctors, the court, probation officers, and support groups. Satisfaction with these help sources was generally very high (except for court). Referrals to residential CD treatment largely came from CD and mental health treatment providers, DCFS, and school counselors.

Satisfaction with Residential CD Treatment

Parents were asked about their satisfaction with adolescent residential CD treatment using the Client Satisfaction Questionnaire (Nguyen et al., 1983) described above. The average score for treatment satisfaction was 3.14 out of four. Over a quarter of the parents (161 ,76.7%) had an average score >2.0 indicating that they were at least somewhat satisfied overall.

- **Parent respondents were overall quite satisfied with residential treatment.**
- **There was no significant difference between "Becca" and "non-Becca" parents regarding overall satisfaction with residential treatment.**

Figure 12: Parent Satisfaction



Data Source- Parent Interview

About 80% of parents indicated that they would recommend the agency to a friend, and that they were satisfied with the level of services in treatment. About two-thirds of the parents felt that the treatment services met their child's needs.

Recommendations for Residential CD Treatment

Parents were then asked an open-ended question regarding recommendations they had for adolescent residential CD treatment. Their responses are summarized below.

- **The most common recommendations for adolescent residential CD treatment include involving and informing parents more about their child's treatment, having longer-term treatment, and more secure and controlled treatment settings.**

Table 55: Commonly-reported Residential Treatment Recommendations

RECOMMENDATIONS	%	n=216
Involve parents more	16.2	(35)
More longer-term treatment	12.0	(26)
More control over youth in center	10.6	(23)
More secure/lockdown facilities	9.3	(20)
Other	10.6	(23)

Data Source- Parent Interview

Parents had many recommendations for improving residential treatment. Most commonly mentioned were responses that dealt with increasing parental involvement, making treatment longer and more secure. Many other recommendations were also made. These "Other" recommendations referred to in Table 55 refer to such things as:

- improving treatment access (e.g., access process involved was complex, parents need more information regarding logistics of admission, decrease waiting time for admission);
- improving treatment availability (e.g., including more treatment in rural areas and more aftercare programs),
- providing more publicly funded treatment (e.g., increase availability of financial help for parents);
- improving the quality of the treatment program (e.g., there should be more discussion of drugs as opposed to alcohol use, increased qualified staff, provide more one-to-one treatment, do not give up on/release youth too soon);
- making treatment more sensitive to youth (e.g., there needs to more respect and listening to youth), providing more mental health services with CD programs; and
- change in agency rules or the enforcement of rules (e.g., do not allow drugs at facility, issues of whether or not to allow smoking and sugar in treatment.

Outpatient Chemical Dependency Treatment

Regarding outpatient treatment, parents were asked a subset of the questions on access and treatment satisfaction and recommendations for treatment that they had been asked regarding residential treatment. It should be noted that only 90 parents responded to these questions as they were the only parents whose children had ever received any outpatient CD treatment.

Key findings included:

- **Overall, 86.9% (n= 73) of parents reported that it was "very" or "somewhat" easy to get their child into outpatient treatment.**

- **Parent respondents were moderately satisfied with outpatient treatment. The mean on four items of the client satisfaction questionnaire was 2.33 (on a scale of 4) (s.d.=0.90). Forty six parents (56.8.%) had an average >2.0 indicating that they were at least somewhat satisfied overall.**

- **Parents were significantly less satisfied with outpatient CD treatment than residential treatment, with a client satisfaction score of 2.33 versus 3.14.**

- **There was little consensus regarding recommendations for outpatient CD treatment. The only response that occurred with any regularity was to involve parents more in the treatment process (3.7%; n=15).**

Other recommendations, which were similar to those for residential treatment included: increased treatment availability (especially in rural areas), more one to one treatment, more discharge and aftercare options, respecting and listening to youth, increase qualified staff, increase financial help, be more strict and take urinalysis (though some said punish less), have more accessible hours, do not allow drugs in facility, and to separate youth by gender and age and whether or not they've used just marijuana or other drugs.

Perceived Gaps in the CD Treatment System

Parents were asked a single open-ended question regarding what they perceived to be gaps in the overall CD treatment system.

- **The most commonly reported gaps in the CD treatment system centered on limited availability of CD services -- overall treatment availability, treatment within the school setting, treatment appropriate for teens, and geographically convenient treatment. Parents also reported community and parental denial of CD problems within their community.**

Table 56: Commonly-Reported Gaps in CD Treatment System

GAPS IN TREATMENT SYSTEM	%	n=216
Unavailability of services and AA in schools	9.3	(20)
Community/parental denial and fear	6.0	(13)
Need to increase overall treatment availability	5.1	(11)
Need programs and AA for teens	5.1	(11)
Need services closer by	5.1	(11)

Data Source- Parent Interview

Other reported gaps included: a lack of aftercare and discharge options, poor service coordination, a lack of services for youth with both CD and mental health problems, financial barriers, that law enforcement doesn't do much to enforce the Bill, a need to increase parents' rights and involvement, a lack of parent support groups, that their should be no drugs allowed in school, that it is difficult to access services, that more community activities are needed for youth, and that their should be ways to "force" youth into treatment.

Summary

With regards to residential treatment a majority of parents had positive experiences obtaining an assessment for treatment and getting their child into treatment. The most common access problem was the child's resistance to treatment. Over half of youth were resistant to treatment. The time from first seeking treatment to getting an admission assessment was over a month for two-thirds of parents. Overall satisfaction with residential treatment was fairly high although parents had many recommendations for improving treatment. Recommendations focused on increasing parental involvement and making treatment longer and more secure.

Parents had a fairly easy time getting their children into outpatient treatment, although they were generally less satisfied with it than they were with in-patient treatment. Key gaps in the chemical dependency treatment system as identified by parents included the lack of chemical dependency services including AA in the schools and in the general community, as well as denial of the problem of youth alcohol and drug abuse by parents and society.

CONCLUSION

This evaluation was designed to examine whether the treatment outcomes of "Becca" youth were different from those of "non-Becca" youth. The results show that outcomes of "Becca" and "non-Becca" youth were similar and both groups improved. Thus, treatment was equally effective for "Becca" as for "non-Becca" youth.

There are, however, several limitations to the study that should be noted.

- The logistics of the evaluation did not allow for both pre-treatment and post-treatment interviews to be conducted. Baseline information was obtained using different sources which introduced problems such as differential missing data, questions that were not completely parallel, or created limitations on the analyses that could be conducted or the level of detail available for interpreting results.

- The outcome data is primarily based on youth self-report, which may be biased toward reporting better outcomes. Although multiple data sources were used, the sources did not provide convergent data that could be used to verify self-report information.

- For some of the outcome domains, notably delinquency, runaway behavior, and peer drug use, the pre-treatment assessment is conducted retrospectively and is thus subject to bias. However, given the similarity of "Becca" and "non-Becca" youth as assessed using other sources of information, there is no compelling reason to believe that this recall bias would be different for the two groups. It does however suggest that absolute numbers should be interpreted cautiously.

- For some of the outcome domains, the pre-treatment assessment timeframe is longer than that of the post-treatment follow-up. Thus, a decrease in reported behaviors could be attributed to a reduced opportunity to engage in this behavior. We converted the frequency of times engaged in the behavior pre and post treatment to rates, and found that there was still a decrease in the rates. This thus supports the conclusion that a reduction in problem behavior did in fact occur.

- In order to conduct the evaluation within the required timeframe, recruitment and follow-up was conducted within a very narrow window. The follow-up time period for most of the outcomes was over the past three months but nearly a quarter of the sample had not been out of treatment for the full three months. Most youth, however, were had been out of treatment at least two months. Also, some of the youth had been admitted to other residential treatment programs, which limited their opportunity for engaging in problem behavior. However, given that there was not a difference between "Becca" and "non-Becca" youth in terms of either length of treatment or proportion who received subsequent treatment, this is not likely to have affected between-group comparisons.

- Finally, although retention rates did not appear to differ once initial consent was obtained, there was bias introduced into sample recruitment at initial contact by treatment agency staff. Furthermore, some agencies were reluctant to provide information on people who refused, particularly for privately funded youth and their families, and thus it was difficult to confirm whether or not the full target population had been asked to participate. When possible, sample recruitment for future evaluations should be conducted by research staff. To do this, however, requires additional resources.

It was somewhat surprising that "Becca" youth were not more different from other youth at treatment admission in terms of drug use, runaway history, and other problem behavior. The majority of youth admitted to residential treatment had a history of running from home, spending time on the streets, engaging in delinquent behavior, and being involved with the juvenile justice system. Both "Becca" and "non-Becca" initiated drug use at an early age, and had a history of criminal and judicial involvement at an early age. However, from parent reports it appears that, at the time of treatment admission, "Becca" youth were in somewhat more of a crisis or were perceived to be more out of control. "Becca" youth were also more likely to have dropped out of school at treatment admission, and to have an early history of DCFS involvement than were "non-Becca" youth. Nevertheless, both groups of youth came from troubled backgrounds that began at an early age.

"Becca" youth are currently given priority for residential treatment slots, along with pregnant adolescents and youth referred from juvenile detention. This policy is consistent with the goals of the "Becca" Bill. However, given the similarity in the troubled backgrounds of "Becca" and "non-Becca" youth, it does raise the question of whether giving treatment priority to "Becca" youth is the most judicious policy, particularly if the end result is that other high risk youth have to wait longer for treatment. Nearly a third of parents reported that their child was on a treatment wait-list for three months or more. Particularly for adolescents, this is a long wait and may result in a missed window of opportunity for helping youth get back on the right track. This suggests that there is a need for increased resources of publicly funded treatment for adolescents. Although this is resource-intensive upfront, it may in fact be very cost effective. It also suggests that if treatment priorities are used, more sensitive admission priority criteria need to be developed than one based on whether or not the youth qualify as a "Becca" youth.

Overall the treatment outcomes were positive and were virtually the same for both "Becca" and "non-Becca" youth.

- In terms of drug use, the majority of youth were abstinent from their primary drug of choice for at least 30 days, and among those who did use alcohol or drugs following treatment, the frequency of use over a 30-day period declined.

- Improved outcomes were also found across domains other than drug use.

- The proportion of youth who were enrolled in school increased whereas running from home, involvement in delinquent behavior, and arrests declined following treatment.

- "Becca" and "non-Becca" youth did not differ in the proportion who completed treatment or received subsequent chemical dependency treatment. Although "Becca" youth were as likely as other youth to complete treatment, only half of the youth completed treatment. Consistent with the continuum of care model, the majority of youth reported receiving subsequent treatment, with nearly half reporting subsequent outpatient treatment.

- Satisfaction with residential treatment for both youth and their parents appeared quite high.

There were some differences between parents of "Becca" and "non-Becca" youth in terms of perceived accessibility of treatment, although about 25% of both groups reported a previous unsuccessful attempt at getting their child into treatment.

- "Becca" parents were more likely than "non-Becca" parents to report more difficulty obtaining treatment assessment for their child and were more likely to view getting their child into treatment as difficult.

- Less than a quarter of parents were aware that they could admit their child to treatment without their consent.

These findings suggest a need for increased parent education regarding treatment access.

Recommendation for Future Research

The findings also suggest several avenues for further investigation.

- A more in-depth understanding of subsequent treatment services

There was evidence that in the three-month post treatment follow-up period, a substantial proportion of youth did use alcohol or other drugs, and used in quantities that increase risk. Consistent with this, a majority of youth who used alcohol or other drugs following treatment experienced some problems with their use. It is not surprising that youth would experiment with alcohol or other drugs following treatment or test limits. Furthermore, residential treatment is only one step in the process of changing drug use. It would be naive to expect that one relatively short treatment experience would be all that youth need to eliminate their drug use problems or dependency coming in with the troubled histories of these youth . Although we found that the majority of youth received subsequent treatment, the analyses presented here were quite limited. It would be useful to understand the relationship between subsequent drug use and receipt of subsequent treatment to address questions such as: Are the youth who receive a continuum of care--those who move from residential treatment to after-care or outpatient treatment services--more likely to maintain abstinence or reduce drug use and other problem behaviors? Do the youth who engage in the most risky drug use patterns following treatment receive subsequent treatment? What can be done to facilitate youth receiving continuum of care and what type of care should be provided?

- Are the provisions of the "Becca" Bill improving treatment access?

In this evaluation, we compared "Becca" youth to "non-Becca" youth to address the question of whether treatment outcome of "Becca" youth were different. However, another important

question to address is whether or not the provisions of the "Becca" Bill are increasing treatment access for at risk youth. To address this question, drug involved at risk youth who are not in treatment need to be included in the sample such as youth whose parents initiated but did not complete the petition process. A sample of at risk youth not in treatment would also provide a useful comparison group for evaluating treatment outcomes. Similarly, although the parents in this sample were satisfied with the petition processes, and a substantial percentage of parents found treatment to be reasonably accessible, these are parents who were able to successfully get their children into treatment. A more comprehensive picture of the impact of the "Becca" Bill on residential treatment, would also sample parents who attempted to use the petition processes, or attempted to get their children into treatment, and were unable to do so.

- How can treatment retention for adolescents be improved?

Although "Becca" youth were as likely to complete treatment as "non-Becca" youth, only half of youth completed treatment. A better understanding of the reasons for treatment non-completion, and ways to increase treatment retention would be useful and may provide insights in ways to tailor treatment to the most troubled youth.

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APPENDIX

Parent Interview
Youth Interview

Rev:7/29/96

Becca Bill Evaluation
University of Washington, Alcohol and Drug Abuse Institute and Division of Alcohol and Substance Abuse

PARENT INTERVIEW

Parent ID P_____ **Inverviewer Initials** _____ (*ID*:1-4)(*line1*:5)(6-8)

Youth ID _____ **Youth Birthdate** ____/____/____ (9-11)(12-17)

Date ____/____/____ (18-23)

[*DETERMINE APPROPRIATE TELEPHONE PHONE SCRIPT/INTRODUCTION FORM TO TOP OF INTERVIEW PACKET BEFORE YOU BEGIN*]

* *If written consent has been received, read: "Phone Script -- Parent/Guardians"*

* *If written consent has not been received, read: "Introduction and Verbal Consent for Parent/Guardians" [Complete this form as you read through it with participant]*

[*READ FROM BEGINNING OF PHONE SCRIPT/INTRODUCTION FORM...]*

Before we begin talking about the Becca Bill, I'd first like to verify some basic information about you and your child.

1. What is your relationship to (*CHILD'S NAME*) (circle one)? (24)

Mother.....1
Father.....2
Other relative.....3.
Foster parent.....4
Legal Guardian.....5
Other (specify) _____....6

2. Where is your child living now? (circle one below) (25-26)

Residential chemical dependency treatment.....01
With biological parent 02
With guardian 03
With non-guardian relative.....04
Foster care.....05
Criminal custody.....06
Home of friend.....07
Runaway/one the streets.....08
Group care.....09
Other 10
*(specify)*_____

Now I'd like to ask you some questions about your child's history of chemical dependency treatment, including outpatient and residential treatment, and support groups like AA, NA, and Alateen?

3. Has your child ever received chemical dependency treatment before this episode? (circle one) (27)
   YES (complete table below) 1
   NO (if no, skip to question #4).....0

   3.a. How many different chemical dependency treatment programs has your child participated in ?_____ (28)

[USE THE FOLLOWING PROMPTS AND CODES TO COMPLETE THE TABLE BELOW]

[1]What month and year did your child first have any chemical dependency treatment?

[2]What type of treatment was that?
   Residential 1
   Outpatient 2
   Other (specify in blank) 3

[3]How long were they in treatment? *-X- months (if less than 1 month, specify days) -X- days*

[4]Why did your child leave treatment?
   Completed treatment.....1
   Child left treatment against program advice.....2
   Child left treatment due to rule violations or non-compliance with treatment.....3
   Child ran away from treatment.....4
   Child transferred to a different facility.....5
   Funds exhausted.....6
   Incarcerated.....7
   Other (specify in blank)

*Did they enter any other type of treatment after that, including support groups? (*If yes, ask set of questions again, otherwise skip to question #4)*

[1]Month and Year of Treatment	[2]Type of Treatment	[3]Length of Treatment (days)	[3]Length of Treatment (months - if > 30 days)	[4]Reason for Leaving	
					(29-38)
					(39-48)
					(49-58)
					(59-68)

Now I would like to ask some questions about the recent problems that led up to you seeking help for your child.

4. Could you briefly describe to me the nature of the major problems your child experienced?

_____

_____

_____

_____

5. Now, I'm going to read to you a list of specific problems. Tell me which of the following types of problems your child experienced in the month prior to entering treatment. Did your child experience....

	NO	YES	(69-75)
Problems of Behavior			
Drug involvement or abuse	0	1	
Alcohol abuse	0	1	
Physical aggression against others	0	1	
Physical aggression against others, where the aggression was associated with drug or alcohol involvement	0	1	
(if "0", skip to "gang involvement")			
Gang involvement	0	1	
Criminal behavior	0	1	
(if "0", skip to "running away")			
Criminal behavior when using drugs or associated with drugs (e.g., DUIs, possession, dealing)	0	1	
Did your child experience...			(76-80)(*ID*:1-4)
Problems of Self-Management			(*line2*:5)(6-7)
Running away	0	1	
School truancy	0	1	
School behavior problems	0	1	
Academic or Learning problems/School failure	0	1	
Promiscuity or sexually acting out	0	1	
Beyond your control as a parent	0	1	
Pregnancy/Abortion/Paternity (see below)	0	1	
(If female) Pregnancy/Abortion			
(If male) Paternity Issues			
Problems of Emotions			(8-12)
Suicidal thoughts or actions	0	1	
Self-injury (not from suicidal act)	0	1	
Anger management issues or tantrums	0	1	
Depression	0	1	
Other	0	1	
(specify) _____			

6. I'm now going to read you a short list of issues. For each one, tell me whether it pushed your child's problems to a crisis in the month prior to treatment? Was the problem that they.... (13-19)

	NO	YES
Ran away	0	1
Presented a serious risk of harm to self	0	1
Presented a serious risk of harm to others	0	1
Were unable to conduct daily activities because of substance use	0	1
Were unable to conduct daily activities because of mental or emotional state	0	1
Were beyond your control as a parent	0	1
Other (specify)_____	0	1

7. I'm now going to ask you about the people and places you might have sought help from regarding your child's substance abuse. Basically, what I'd like to know is about the process getting help for your child. So... if you could tell me from whom you sought help first, then who you saw, and the like... I will then ask you a few other questions about them. Whom did you seek help from first? (record process, then go back to specific questions)

_____

_____

_____

Code using numbers to the left of help sources...

First Help Source	_____	(20-21)
Second Help Source	_____	(22-23)
Third Help Source	_____	(24-25)
Fourth Help Source	_____	(26-27)

*Would you say you are...(*read satisfaction options*)... with the help you received from...?

Very dissatisfied	1
Somewhat dissatisfied	2
Somewhat satisfied	3
Very satisfied	4

*Did (*READ SOURCE NAME*) assess your child for residential chemical dependency treatment?
(Mark under the "A" column No=0; Yes=1)

*Did (*READ SOURCE NAME*) refer you to (*RESIDENTIAL CD AGENCY NAME*)?
(Mark under the "r" column No=0; Yes=1)

*Whom did you seek help from next? *(keep asking the set of questions until no other resources are named, then read other sources to ensure they weren't approached i.e., "***Did you seek help from....***" (read sources) , then skip to question #8)*

	HELP SOURCE	Seek Help? NO	YES	How Satisfied? Very Dissat	Dis-Sat	Sat.	Very Sat.	Assess?	Re-ferr?	
1	Outpatient chemical dependency agency or counselor	0	1	1	2	3	4	1	1	(28-31)
2	Inpatient chemical dependency agency or counselor	0	1	1	2	3	4	1	1	(32-35)
3	Division of Alcohol and Substance Abuse (Darrell Streets)	0	1	1	2	3	4		1	(36-38)
4	Mental Health professional	0	1	1	2	3	4	1	1	(39-42)
5	Family Doctor	0	1	1	2	3	4	1	1	(43-46)
6	Crisis hotline	0	1	1	2	3	4		1	(46-49)
7	Emergency Room	0	1	1	2	3	4	1	1	(50-53)
8	Clergy	0	1	1	2	3	4		1	(54-56)
9	Family and friends	0	1	1	2	3	4		1	(57-59)
10	Police or other legal officer	0	1	1	2	3	4		1	(60-62)
11	Court	0	1	1	2	3	4		1	(63-65)
12	Youth Shelter	0	1	1	2	3	4		1	(66-68)
13	Dept. of Child & Family Services (includes Family Reconciliation Services, Child Protective Services)	0	1	1	2	3	4	1	1	(69-72)
14	Other social worker	0	1	1	2	3	4	1	1	(73-76)
15	Foster care system	0	1	1	2	3	4		1	(77-79)
16	School counselor or other school staff	0	1	1	2	3	4	1	1	(80) (*ID*:1-4) (*line3*:5) (6-8)
17	Support groups	0	1	1	2	3	4		1	(9-11)
18	Family/women's shelter or safe house	0	1	1	2	3	4		1	(12-14)
19	Other (Specify)	0	1	1	2	3	4	1	1	(15-18)

8. Of those people you sought help from, who was the most helpful? (19-20)

Help source code _____ *OR*

No one was helpful.....*0*

Now I'd like to ask some questions about the process of getting residential chemical dependency treatment for your child.

9. How easy was it to identify the people who needed to assess your child for residential treatment? Would you say that you had.... (21)

No problems, it was easy (*skip to question #10*).....1
Some problems 2
Significant problems.....3

9.a. What was the nature of the problem? _____

_____

10. How easy was it to reach or contact the people who needed to assess your child for residential treatment? Would you say that you had... (22)
No problems, it was easy *(skip to question #11)*.....1
Some problems 2
Significant problems.....3

10.a. What was the nature of the problem? _____

_____

11. How easy was it to have your child assessed for residential chemical dependency treatment? Would you say that you had... (23)
No problems, it was easy *(skip to question #12)*.....1
Some problems 2
Significant problems.....3

11.a. What was the nature of the problem? _____

_____

12. How much time elapsed between when you first tried to seek help for (CHILD's NAME) and when they were assessed for residential chemical dependency treatment at (RESIDENTIAL CD AGENCY or NAME OF WHERE CHILD WAS FIRST ASSESSED from question #7) ? (24)

More than three month.....5
2-3 months.....4
1-2 months.....3
1-3 weeks.....2
Less than one week.....1

13. Once your child was assessed for admission, was your child on a waiting list for admission to residential chemical dependency treatment? (25)
YES.....1
NO (if "no", skip to question #14).....0

13.a. How long was the waiting time? _____ *days* (26-27)
(If more than 30 days _____*months)* (28-29)

14. Were there times prior to this that you tried to get your child into residential chemical dependency treatment without success? (30)
YES.....1
NO (skip to question #15).....0

14.a. Why were you unsuccessful getting your child into treatment?

_____

_____

15. Overall, how would you rate how easy it was for you to get your child into residential treatment when you felt it was needed? Would you say that it was... (31)

Very easy.....1
Somewhat easy 2
Somewhat difficult.....3
Very difficult.....4
Don't know.....7

16. What was your child's attitude about coming to residential chemical dependency treatment? Would you say that s/he... (32)

Voluntarily cooperated with the idea 1
Resisted the idea, but went along with it 2
Resisted it at all points 3

17. At admission to residential treatment, did your child sign a consent form for treatment? (33)

YES.....*1*
NO.....*0*

18. At the time you sought treatment for your child, were you aware that you could sign your child into a residential chemical dependency treatment center (without your child consenting) without any petition process? (34)

YES.....*1*
NO.....*0*

Now I would like to ask you some specific questions about the Becca Bill itself and its provisions.

19. At the time you sought treatment for your child were you aware of the "At Risk and Runaway Youth Act", sometimes called the "Becca Bill"? (35)

YES.....*1*
NO *0*

20. At the time you sought treatment for your child, were you aware of the At-Risk Youth, or Child-in-Need-of Service petitions or involuntary commitment processes (which are provisions under the bill)? (36)

YES (skip to #21).....*1*
NO (ask #20.a.).....*0*

20.a. Do you know about the Becca Bill or these petition processes now? *(uncoded)*
YES NO (if yes, skip to #47, if no, skip to #52)

21. I'm going to read to you a list of people and places where you might have learned about the bill and petition processes. For each one, tell me whether you learned about the At-Risk Youth, CHINS or Involuntary Treatment petition processes from that source. Did you learn about them from .... (37-46)

	NO	YES
Friends or family	0	1
Family physician	0	1
Chemical dependency agency/specialist	0	1
Division of Alcohol and Substance Abuse	0	1
Emergency room or other hospital staff	0	1
Newspapers of other media	0	1
Division of Child and Family Services social worker or staff	0	1
Schools	0	1
Probation counselor	0	1
Other	0	1

(specify) _____

22. Did you consider applying for any of the petition processes of the bill, to help your child obtain residential chemical dependency services? (47)

YES.....1
NO 0

22.a. Why not? _____ *(skip to question #47)*

23. Which did you consider. Was it the... (46-48)

	NO	YES
At-Risk Youth petition	0	1
Child-in-Need-of-Services petition. *(Skip to question #33)*	0	1
Involuntary commitment process *(Skip to question #41)*	0	1

The next questions ask about the ARY petition process.

24. Did you meet with or talk to a social worker from the Division of Child and Family Services about the ARY petition process... about whether the petition was appropriate for your child's circumstances? (49)

YES (skip to question #25).....1
NO.....2

23.a. Why not? _____ *(skip to question #32)*

25. Did you go to court to file the ARY petition filed for your child? (50)

YES (skip to question #26).....1
NO 0

25.a. Why not? _____ *(skip to question #32)*

26. Who filed the petition? (circle one) (51)

Parent.....1
Other.....2

(specify) _____

27. Was a court date set for "fact finding", that is, when a judge hears evidence and decides whether an ARY petition is appropriate for your child's case? (52)
YES (skip to question #28).....*1*
NO.....*0*

27.a. Why not? _____

_____(*skip to question #32*)

28. Did you attend the court date set for "fact finding"? (53)
YES (skip to question #29).....*1*
NO.....*0*

28.a. Why not? _____

_____(*skip to question #32*)

29. Did you need to pursue "contempt of court" charges for your child because they had violated the court ordered plan? (54)
YES.....*1*
NO.....*0*

30. Were any additional court dates needed for any reason? (55)
YES.....*1*
NO (skip to question #32).....*0*

30.a. Could you explain the reason for those hearings?_____

_____

31. Were there any other steps in the process that we did not discuss? (56)
YES.....*1*
NO (skip to question #32).....*0*

31.a. What were they?_____

_____

32. How satisfied are you with the petition process? Would you say you are... (57)
Very unsatisfied 1
Somewhat unsatisfied.....2
Somewhat satisfied 3
Very satisfied (*skip to question #47*).....4

32.a. Why were you (*read response*) with the petition process? _____

_____

IF THEY DID NOT CONSIDER USING A CHINS PETITION (See Q. 23) THEN:
- SKIP TO QUESTION 41 IF THEY CONSIDERED INVOLUNTARY COMMITMENT
OR
- SKIP TO QUESTION 47

The next questions ask about the CHINS petition process.

33. Did you meet with or talk to a social worker from the Division of Child and Family Services about the CHINS petition process... about whether it was appropriate for your child's circumstances? (58)
YES (skip to question #34).....*1*
NO.....*0*

33.a. Why not?_____(*skip to question #40*)

34. Was a CHINS petition filed for your child with the court? (59)
YES (skip to question #35).....*1*
NO.....*0*

34.a. Why not?_____(*skip to question #40*)

35. Who filed the petition? (60)
Parent.....*1*
DCFS/social worker.....*2*
Child.....*3*
Other.....*4*
(specify) _____

36. Was a court date set for "fact finding", that is, when a judge hears evidence and decides whether an CHINS petition is appropriate for your child's case? (61)
YES (skip to question #37).....*1*
NO.....*0*

36.a. Why not?_____

_____(*skip to question #40*)

37. Did you attend the court date set for "fact finding"? (62)
YES (skip to question #38).....*1*
NO.....*0*

37.a. Why not? _____

_____(*skip to question #40*)

38. Did you attend a second hearing regarding the disposition plan for you child? (63)
YES (skip to question #39).....*1*
NO.....*0*

38.a. Why not?_____

_____(*skip to question #40*)

39. Were there any other steps in the process that we did not discuss? (64)
YES.....*1*
NO (skip to question #40).....*0*

39.a. What were they?_____

_____

40. How satisfied are you with the petition process? Would you say you are... (65)
Very unsatisfied.....1
Somewhat unsatisfied.....2
Somewhat satisfied 3
Very satisfied (*skip to question #47*).....4

40.a. Why were you (*read response*) with petition process? _____

_____

IF THEY DID NOT CONSIDER USING INVOLUNTARY TREATMENT ADMISSION PROCESS SKIP TO QUESTION 47

The next questions ask about the Involuntary Treatment Admission process.

41. Did you use the ITA process to help you get your child into residential chemical dependency treatment? (66)
YES. (skip to question #42).....*1*
NO *0*

41.a. Why not? _____(*skip to question #46*)

42. Did a County-Designated Chemical Dependency Specialist (CDS) talk with you (and your child) to determine the appropriateness of the ITA process? (67)
YES (skip to question #43).....*1*
NO *0*

42.a. Why not? _____

_____(skip to question #46)

43. Did the CDS complete an assessment of your child's situation? (68)
YES.....*1*
NO (If no, skip to question #44).....*0*

43.a. Why not? _____(skip to question #46)

44. Was there a court hearing where the judge orders a petition to use the commitment process? (69)

YES (skip to question #45).....*1*
NO.....*0*

44.a. Why not? _____

_____

45. Were there any other steps in the process that we did not discuss? (70)

YES.....*1*
NO (skip to question #46).....*0*

45.a. What were they?_____

_____

46. How satisfied are you with the involuntary commitment process? Would you say you are... (71)

Very unsatisfied.....1
Somewhat unsatisfied.....2
Somewhat satisfied 3
Very satisfied (*skip to question #47*).....4

46.a. Why were you (read response) with treatment?_____

_____

Now I'm going to ask some general questions about your view of the Becca bill. (If they did not use the bill... "I understand that you did not use the provisions under the bill, so just tell me whether or not you have an opinion about these questions")

47. One intention of the law was to help parents get substance abuse treatment for their adolescent children who have runaway from home and are abusing drugs. How successful or unsuccessful do you feel the Becca bill has been in meeting this goal? Would you say it has been .... (72)

Very successful (*skip to question #48*).....4
Somewhat successful 3
Somewhat unsuccessful 2
Very unsuccessful 1

Don't Know 7

47.a. Why do you think it was (*read response*)?_____

_____

Now, thinking of the overall impact of the Becca bill:

48. What do you believe are the main strengths or positive effects, if any, of the Becca Bill? (*record verbatim*)

49. What do you believe are the main weaknesses or negative effects, if any, of the Becca Bill? (*record verbatim*)

50. Thinking of the relative positive to negative impact of the Becca bill on runaway or out-of control youth, would you say that it has had more of a positive impact or more of a negative impact? (73)

More positive impact.....1
More negative impact.....2
About the same (skip to question #51).....3
No impact.....*0*

Don't know.....*7*

50.a. Would you say Somewhat More or Much More (*Positive/Negative)* (74)
Much more.....*1*
Somewhat more.....*2*

51. Thinking of the relative positive to negative impact of the Becca bill on parents of runaway or out-of-control youth, would you say that it has had more of a positive impact or more of a negative impact? (75)

More positive impact.....1
More negative impact.....2
About the same (skip to question #52).....3
No impact.....*0*

Don't know.....*7*

51.a. Would you say Somewhat More more or Much More (*Positive/Negative)* (76)
Much more.....*1*
Somewhat more.....*2*

Now I'd like to ask you about how satisfied you are with the residential chemical dependency treatment your child is receiving/has received.

52. How would you rate the quality of service your child has received in residential treatment? Would you say that it was... (77)
Excellent.....1
Good.....2
Fair.....3
Poor.....4

53. Did your child get the kind of service you wanted for them? Would you say... (78)
No, definitely not.....1
No, not really.....2
Yes, generally.....3
Yes, definitely.....4

54. To what extent have the services met your child's needs? Would you say that.... (79)
Almost all of your child's needs have been met.....1
Most of your child's needs have been met.....2
Only a few of your child's needs have been met.....3
None of your child's needs have been met.....4

55. When treatment decisions were made, did you feel included in the planning process?
Tell me which statement you agree with.... (80)
I was regularly included in planning.....1
I was sometimes included in planning,.....2
I tried to be involved, but I was left out.....3
No one told me about the planning process.....4

56. If a friend were in need of similar help for their child, would you recommend the treatment center to him or her? Would you say... *(ID:1-4)(line4:5)*(6)
No, definitely not.....1
No, I don't think so.....2
Yes, I think so.....3
Yes, definitely.....4

57. How satisfied are you with the <u>amount</u> of help your child received? Are you... (7)
Quite dissatisfied.....1
Indifferent or mildly dissatisfied.....2
Mostly satisfied.....3
Very satisfied.....4

58. Have the services your child received helped them deal more effectively with their problems? Would you say ... (8)
Yes, they helped a great deal.....1
Yes, they helped somewhat.....2
No, they really didn't help.....3
No, they seemed to make things worse.....4

59. In an overall, general sense, how satisfied are you with the service your child has received? Would you say that you are... (9)
Very satisfied.....4
Mostly satisfied.....3
Indifferent or mildly dissatisfied.....2
Quite dissatisfied.....1

60. If you were to seek help again for your child,, would you come back to the service? Would you say... (10)
No, definitely not.....1
No, not really.....2
Yes, generally.....3
Yes, definitely.....4

61. What recommendations do you have for improving **ADOLESCENT RESIDENTIAL** chemical dependency treatment services?

IF THEIR CHILD HAS RECEIVED OUTPATIENT SERVICES – SEE QUESTION #3 – ASK QUESTIONS # 62 TO #67, OTHERWISE SKIP TO QUESTION # 68)

Now I'd like to ask you some questions about the outpatient services your child has received.

62. How would you rate the quality of service your child has received in outpatient treatment?
Would you say that it was... (11)
Excellent.....1
Good.....2
Fair.....3
Poor.....4

63. Did your child get the kind of service you wanted for them? Would you say... (12)
No, definitely not.....1
No, not really.....2
Yes, generally.....3
Yes, definitely.....4

64. How satisfied are you with the amount of help your child received? Are you... (13)
Quite dissatisfied.....1
Indifferent or mildly dissatisfied.....2
Mostly satisfied 3
Very satisfied.....4

65. In an overall, general sense, how satisfied are you with the service your child has received?
Would you say that you are... (14)
Very satisfied.....1
Mostly satisfied 2
Indifferent or mildly dissatisfied.....3
Quite dissatisfied.....4

66. Overall, how would you rate how easy it was for you to get your child into outpatient treatment when you felt it was needed? Would you say that it was... (15)
Very easy, (skip to question # 67).....1
Somewhat easy 2
Somewhat difficult.....3
Very difficult 4

Don't know.....7

66. a .What were some of the problems you encountered in getting your child into outpatient treatment? _____

_____

67. What recommendations do you have for improving **ADOLESCENT OUTPATIENT** chemical dependency treatment services?

68. What gaps do you feel exist in addressing adolescent substance abuse issues in your community?

I'd like to now ask you a few questions about other services your child may have received.

69. Has your child ever received services for mental health or behavioral problems? (16)

YES.....*1*
NO (skip to question #73) *0*

70. What type of services did (CHILD's NAME) have? Did they have.... (17-20)

	NO	YES
Inpatient	0	1
Residential	0	1
Outpatient	0	1
Other	0	1

(*specify*) _____

71. At what age did your child first receive such services? _____ (*age*) (21-22)

72. Has your child had medication prescribed for his/her behavior or mental health problems? (23)

YES.....*1*
NO (if no, skip to question #73).....*.0*

72.a. What is/was the name of the medication? (*list up to 3)*

_____
_____
_____

72.b. What is/was it (are/were they) for... for what problems? (24-27)

	NO	YES
Antidepressant	0	1
Anti-anxiety	0	1
Anti-psychotic	0	1
Other	0	1

*(specify)*_____

72.c. Does your child take the medication regularly as prescribed? (28)

YES.....*1*
NO.....*0*
Don't know.....*7*

73. Has your child ever been involved with the Division of Child and Family Services which includes programs such as Child Protective Services, Family Reconciliation and Preservation Services, and foster care? (29)

YES.....*1*
NO (skip to question #75).....*0*

73.a. At what age did you child first receive services from DCFS? _____(age) (30-31)

74. Which programs has your child received services from? (32-36)

	NO	YES
CPS	0	1
FRS	0	1
FPS	0	1
Foster care	0	1
Other	0	1

(specify) _____

75. Has your child ever been arrested? (37)

YES.....*1*
NO (skip to question #84).....*0*

76. At what age was your child first arrested? _____(*age*) (38-39)

77. How many times has your child been arrested? (40)

Once *1*
Twice *2*
Three times *3*
Four times *4*
More than four times *5*

78. Has your child ever been sent to a detention center, training school, juvenile rehabilitation facility or other supervised juvenile rehabilitation program? (41)

YES *1*
NO (skip to question #80) *0*

79. What type of facility or program was (CHILD's NAME) sent to? (42-45)

	NO	YES	
Detention center		0	1
Training school/boot camp/forestry program	0	1	
Juvenile rehabilitation facility	0	1	
Other supervised program		0	1

(specify) _____

Now I'm going to ask you some of the same questions, but about the last 30 days.

80. In the last thirty days, has (CHILD'S NAME) been arrested? (46)

YES *1*
NO *0*

81. In the last thirty days, has (CHILD's NAME) been involved in the juvenile justice system in any other way? (47)

YES *1*
NO (skip to question #84) *0*

82. How was s/he involved? (48)

On probation/parole *1*
Defendant *2*
Detention center *3*
Training school/boot camp/forestry program *4*
Juvenile rehabilitation facility *5*
Other supervised program *6*

(specify) _____

83. What is your child's current legal status. Are they... (49)

Awaiting trial.....1
On trial.....2
Convicted, awaiting sentencing.....3
In detention, pre-trial.....4
In detention or juvenile facility, post-trial.....5
On probation or parole.....6
Boot camp or forestry camp program.....7
Other supervised program.....8
Other *9*
(specify)_____

(SKIP QUESTIONS #84 and #85 IF PARENT SAID "NO" TO QUESTION #73)

84. In the last 30 days (CHILD'S NAME) been involved with the Division of Child and Family Services which includes programs such as Child Protective Services, Family Reconciliation and Preservation Services, and foster care? (50)

YES.....*1*
NO (skip to question #86).....*0*

85. Which programs has your child received services from? (51-55)

	NO	YES
CPS	*0*	*1*
FRS	*0*	*1*
FPS	*0*	*1*
Foster care	*0*	*1*
Other	*0*	*1*

86. In the last thirty days, how has your child gotten along with family members? Would you say... (56)

Very well.....1
Pretty well.....2
OK.....3
Not very well.....4
Very poorly.....5

87. In the last thirty days, how has your child gotten along with friends? Would you say... (57)

Very well.....1
Pretty well.....2
OK.....3
Not very well.....4
Very poorly.....5
No friends.....*8*

88. How many of your child's friends are involved with alcohol? Would you say.. (58)

None of them.....1
A few of them.....2
Most of them.....3
All of them.....4
No friends.....*8*
Don't know.....*9*

89. How many of your child's friends are involved with drugs? Would you say.. (59)

None of them.....1
A few of them.....2
Most of them.....3
All of them.....4
No friends.....8
Don't know.....9

90. Has (*CHILD's NAME*) used any drugs or alcohol or tobacco in the last 30 days? (60)

YES.....1
NO (skip to question #91).....0
Don't know.....8

[Use the following prompts to complete the table below]

*What was their primary drug or drug of choice?
*How frequently did your child use it in the last 30 days? Would you say (*read options*)...

*What was their secondary drug?
*How frequently did your child use it in the last 30 days? Would you say (*read options*)...

*Did your child use any other drugs, including ... (*read 3 listed drugs, making sure to read alcohol, marijuana, cocaine or crack, methamphetamines if they haven't already been named)*
*How frequently did your child use it in the last 30 days? Would you say (*read options*)...

Drug	Not used =9	Primary=1 Other drug=0		FREQUENCY					
				1-3 times	1-2 per week	3-6 per week	Daily	Don't Know	
Alcohol	9	0	1	1	2	3	4	7	(61-62)
Tobacco	9	0	1	1	2	3	4	7	(63-64)
Marijuana or hash	9	0	1	1	2	3	4	7	(65-66)
Cocaine or crack	9	0	1	1	2	3	4	7	(67-68)
Inhaled substances	9	0	1	1	2	3	4	7	(69-70)
Hallucinogens	9	0	1	1	2	3	4	7	(71-72)
Steroids	9	0	1	1	2	3	4	7	(73-74)
Heroin	9	0	1	1	2	3	4	7	(75-76)
Methadone	9	0	1	1	2	3	4	7	(77-78)
Other opiates	9	0	1	1	2	3	4	7	(79-80)
Barbiturates	9	0	1	1	2	3	4	7	(ID:1-4 (line5:5)(6-7
Other sedatives or hypnotics	9	0	1	1	2	3	4	7	(8-9)
Benzodiazepines	9	0	1	1	2	3	4	7	(10-11)
Major tranquilizers	9	0	1	1	2	3	4	7	(12-13)
Amphetamines	9	0	1	1	2	3	4	7	(14-15)
Methamphetamine	9	0	1	1	2	3	4	7	(16-17)
Other stimulants	9	0	1	1	2	3	4	7	(18-19)
PCP	9	0	1	1	2	3	4	7	(20-21)
Over the counter drugs	9	0	1	1	2	3	4	7	(22-23)

91. In the last thirty days, how has your child's mood been? Would you say... (24)

Excellent.....1
Very good.....2
Mixed.....3
Bad.....4
Very bad.....5

92. In the last thirty days, how has your child's physical health been? Would you say... (25)

Excellent.....1
Good.....2
Fair.....3
Poor.....4

93. Is there anything I have left out?

_____

_____

_____

_____

_____

THANK YOU VERY MUCH FOR PARTICIPATING IN THIS INTERVIEW. WE WILL BE SENDING OUT YOUR CHECK WITHIN THE NEXT FEW WEEKS. (IF THEY HAVE GIVEN CONSENT FOR CHILD INTERVIEW...) WE MAY ALSO BE CONTACTING YOU TO HELP US LOCATE YOUR CHILD IN A FEW MONTHS IF WE HAVE DIFFICULTY LOCATING HIM/HER. THANKS AGAIN.

parent.int

Becca Bill Evaluation
University of Washington, Alcohol and Drug Abuse Institute and Division of Alcohol and Substance Abuse

YOUTH INTERVIEW

Card 1 (1)

Youth ID_____ **Inverviewer Initials** _____ (*ID*:2-4) (5-7)

Youth Birthdate ____/_____/_____ (8-13)

Agency ID D L R SU SP ST **Date** ____/____/____ (14)(15-20)

Read: "*Phone Script -- Aaolescents*"

I will be asking you questions about how things are going in different areas of your life. It is important that you give truthful and accurate information. Some of the questions are very personal. If you do not want to answer a question, or feel that you cannot answer truthfully, just tell me that you do not want to answer the question. Everything you tell me will be kept confidential. I won't discuss your answers to these questions with anyone.

SCHOOL

First I want to ask you a couple of questions about school....

1. Are you currently enrolled in school? (21)
   YES (skip to question #3).....1
   NO 0

2. What is the highest grade you have completed? (*after response, skip to question #4*) (22)
   6.....1
   7.....2
   8.....3
   9.....4
   10.....5
   11.....6
   Graduated High School.....7
   Received GED.....8
   Other.....9
   (*specify*) _____

3. What grade are you currently in? (23-24)

6.....*01*
7.....*02*
8.....*03*
9.....*04*
10.....*05*
11.....*06*
12.....*07*
Graduated High Schoo.....*08*
Received GED.....*09*
Other.....*10*
(*specify*)_____

4. For the most recent grading period, what is your average Grade in English or Language Arts? (25)

A.....*1*
B.....*2*
C.....*3*
D.....*4*
E.....*5*
Not applicable.....*8*

5. For the most recent grading period, what is your average Grade in Math? (26)

A.....*1*
B.....*2*
C.....*3*
D.....*4*
E.....*5*
Not applicable.....*8*

Now I'm going to ask you some questions about school last year -- from Sept. 1995 through June 1996.

6. Were you enrolled in school during that year? (27)

YES all year.....*2*
YES part of the year.....*1*
NO (skip to question #8).....*0*

7. Were you involved in special classes for learning or reading problems at any point that year? (28)

YES.....*1*
NO.....*0*

8. Have you ever had a truancy petition filed? (29)

YES.....*1*
NO (skip to question #9).....*0*

During the last school year, from Sept 1995 through June 1996...

8.a. ...how many times did you have a truancy petition filed?_____ (30-31)

8.b. ...how many times in the last 3 months?_____ (32)

9. Have you ever been suspended from school? **(33)**
YES *1*
NO (skip to question #10) *0*

9.a. How many times were you suspended in the last school year?_____ **(34-35)**
9.b. How many times in the last 3 months?_____ **(36)**

10. Have you ever been expelled from school? **(37)**
YES *1*
NO (skip to question #11) *0*

10.a. How many times were you expelled in the last school year?_____ **(38-39)**
10.b. How many times in the last 3 months?_____ **(40)**

11. Have you ever participated in any after school activities? **(41)**
YES *1*
NO (skip to question #12) *0*

11.a. Did you participate in any after school activities during the last school year? **(42)**
YES *1*
NO *0*

11.b. Did you participate in any during the last 3 months? **(43)**
YES *1*
NO *0*

12. Have you ever participated in any groups or organizations outside of school ? For example, community sport teams. church groups, or music groups? **(44)**
YES *1*
NO (skip to question #13) *0*

12.a. Did you during the last school year? **(45)**
YES *1*
NO *0*

12.b. Did you during the last 3 months? **(46)**
YES *1*
NO *0*

The next set of questions all ask about the past 3 months, that is from ___ thru ___...

13. During the last 3 months, how many times have you skipped or "cut" classes, but not a full day? _____ **(47-48)**

14. During the last 3 months, how many full days of school did you miss because you skipped or "cut"? ____ **(49-50)**

Over the last 3 months...

15. How often did you enjoy being in school. Would you say.... (51)
    - Always 1
    - Often 2
    - Sometimes 3
    - Seldom 4
    - Never 5

16. How often did you try to do your best work in school. Would you say... (52)
    - Always 1
    - Often 2
    - Sometimes 3
    - Seldom 4
    - Never 5

ALCOHOL/DRUG USE

Now I'm going to ask you some questions about your use of alcohol or drugs over the last 3 months. We will not share your responses with anyone, including your parents & counselor.

17. Have you smoked cigarettes or used tobacco in the last 3 months? (53)
    - *YES* *1*
    - *NO (skip to question #18)* *0*

17.a. How frequently have you smoked cigarettes during the past 30 days? Would you say... (54)
    - Less than one cigarette per day 1
    - One to five cigarettes per day 2
    - About one-half pack per day 3
    - About one pack per day 4
    - About one and one-half packs per day 5
    - Two packs or more per day 6

18. Have you drunk any alcohol in the last 3 months? (55)
    - *YES* *1*
    - *NO (skip to question #23)* *0*

19. During the past 3 months, how much have you usually had to drink on a typical weekend evening? Would you say... (56)
    - Less than one can or glass of beer, wine, or mixed drink 1
    - One can or glass of beer, wine or mixed drink 2
    - 2 to 4 cans or glasses of beer, wine, or mixed drink 3
    - 5 or more cans or glasses of beer, wine, or mixed drink 4

20. What is the most number of alcohol drinks you have had on any occasion in the last 3 months? (57-58)

_____

21. In the last 3 months, how many times have you drunk that much? _____ (59-60)

22. In the last 30 days, how frequently did you use alcohol? Would you say... (61)
    1-3 times in the last 30 days 1
    1-2 per week in the last 30 days..... 2
    3-6 times per week 3
    Daily 4

23. Have you used any other drugs, in the last 3 months? (62)
    YES.....*1*
    NO (skip to question #~~25~~ if alcohol used, if not skip to #36.....*0*
    [Use the following prompts to complete the table below]

    *Did you use ... in the past 3 months (*read each listed drug and go thru frequency question)*

    *How frequently did you use it in the last 30 days (*add* "not prescribed by your doctor" *where * is indicated*? Would you say (*read options*)...

Drug	Not Used	Past 3 mos Other=0 Primary=1		FREQUENCY in last 30 days						
				0 times	1-3 times	1-2 /wk	3-6/wk	Daily	*DK*	
Marijuana or hash	9	0	1	0	1	2	3	4	7	(63-64)
Crack	9	0	1	0	1	2	3	4	7	(65-66)
Cocaine besides crack	9	0	1	0	1	2	3	4	7	(67-68)
Methamphetamines or crank	9	0	1	0	1	2	3	4	7	(69-70)
Amphetamines (such as speed, uppers, bennies)	9	0	1	0	1	2	3	4	7	(71-72)
Hallucinogens or psychedelics such as acid, LSD, mushrooms, PCP, dust, or estacy)	9	0	1	0	1	2	3	4	7	(73-74)
Inhalants such as glue, aerosol sprays, gasoline, amyl nitrate, freon, or butane	9	0	1	0	1	2	3	4	7	(75-76)
*Tranquilizers such as Valium, Halcyon, Xanax, Ativan	9	0	1	0	1	2	3	4	7	(77-78)
										Card 2 (1) ID (2-4)
*Steroids	9	0	1	0	1	2	3	4	7	(5-6)
Heroin	9	0	1	0	1	2	3	4	7	(7-8)
*Other pain killers such as Demerol, Codeine, Dilaudid, Darvon, Percodan, morphine	9	0	1	0	1	2	3	4	7	(9-10)
*Sedatives (e.g., barbiturates, quaaludes, Seconal, sleeping pills	9	0	1	0	1	2	3	4	7	(11-12)

(If youth used any drug other than alcohol, tobacco, or marijuana, complete the following question)

24. In the last 3 months have you used any drugs by injecting them? **(13)**
    YES.....1
    NO.....0

DRUG/ALCOHOL ABUSE CONSEQUENCES

0 Never
1 One to two times
2 Three to five times
3 Six to ten times
4 More than ten times

How many times did the following things happen to you while you were drinking alcohol or using drugs, or because of your alcohol and drug use during the past 3 months? How many times have you... (*read item*)... Would you say...

25.	0	1	2	3	4	Gotten into fights, acted bad, or did mean things?	**(14)**
26.	0	1	2	3	4	Gone to work or school high or drunk?	**(15)**
27.	0	1	2	3	4	Neglected your responsibilities?	**(16)**
28.	0	1	2	3	4	Tried to control your drinking or drug use by trying to use only at certain times of the day or certain places?	**(17)**
29.	0	1	2	3	4	Noticed a change in your personality?	**(18)**
30.	0	1	2	3	4	Missed a day (or part of a day) of school or work?	**(19)**
31.	0	1	2	3	4	Suddenly found yourself in a place that you could not remember getting to?	**(20)**
32.	0	1	2	3	4	Had a fight, argument or bad feelings with a friend?	**(21)**
33.	0	1	2	3	4	Had a fight, argument or bad feelings with a family member?	**(22)**
34.	0	1	2	3	4	Kept drinking or using drugs when you promised yourself not to?	**(23)**
35.	0	1	2	3	4	Drove shortly after having more than 2 drinks or using drugs?	**(24)**

CHEMICAL DEPENDENCY TREATMENT SERVICES

Now I'd like to ask you some questions about chemical dependency treatment you may have received since being discharged from (*AGENCY NAME*), including outpatient and residential treatment, and support groups like AA, NA, and Alateen, school-based treatment, or family counseling related to chemical dependency?

36. Have you received any chemical dependency treatment or services since discharge from (*AGENCY NAME*)? **(25)**
    YES (complete table below) 1
    NO (skip to question #37).....0

36.a. *Have you been in residential treatment?

YES ..... *1 (code 1 in Type of Treatment)*

NO (skip to question #36.b) *0*

What was the agency's name?

What month did you enter the treatment agency?

If youth is still in residential treatment agency, code 13 for length of treatment and skip to next question.

How long were you there? (*in days*)

36.b. *Have you received outpatient treatment including AA or NA groups or school programs?

YES *1*

NO (skip to question #~~36.c~~ 37) *0*

What type of program was that?

Outpatient 2
School program.....3
AA/NA group.....4
Other (specify in blank) 5

(*If outpatient*) What was the agency's name?

What month did you begin attending?

Are you still attending?

YES (skip next question, code 999 in length of tx, use () phrasing).....*1*
NO.....*0*

How long did you attend? (*in months*) [Interviewer: translated months into days]

How frequently did you attend? (are you attending)? Would you say...

Less than once per month.....1
About once or twice per month.....2
About once per week.....3
A few times per week.....4
About daily.....5

Did you participate in any other programs after that? *(If yes, ask set of questions again, otherwise skip to question #37)*

[1]Agency Name	[2]Type of Treatment	[3]Month began	[4]Length of treatment (in days)	[5]Frequency (all but residential)
	26	27-28	29-31	32
	33	34-35	36-38	39
	40	41-42	43-45	46
	47	48-49	50-52	53

TREATMENT ENTRY PROCESS

Now I'd like you to think about how you felt when you first entered treatment at (*AGENCY NAME*). I'm going to read some statements, and I'd like you to tell me how much, at the time you entered treatment, would you have agree or disagreed with them.

	Strongly Agree	Agree	Disagree	Strongly Disagree	*Don't Know*	
37. You felt that this treatment program would be helpful for you. Would you say you...	1	2	3	4	*7*	**(54)**
38. You planned to stay in the program until you completed it	1	2	3	4	*7*	**(55)**
39. You were in the treatment program because your parents made you come.	1	2	3	4	*7*	**(56)**
40. You thought the treatment program could really help you.	1	2	3	4	*7*	**(57)**
41. You wanted to be in a substance abuse treatment program.	1	2	3	4	*7*	**(58)**
42. You planned to leave the program as soon as you had the opportunity.	1	2	3	4	*7*	**(59)**
43. You felt you needed help in dealing with your substance use.	1	2	3	4	*7*	**(60)**
44. You felt you wanted to get your life straightened out.	1	2	3	4	*7*	**(61)**

TREATMENT SATISFACTION

Now I'd like to ask you about your opinions about the residential chemical dependency treatment services you received at (*AGENCY NAME*). This information will not be shared with your counselor.

45. Did you get anything out of residential chemical dependency treatment? **(62)**

YES 1
NO (skip to question #46).....0

45. a. What did you get out of the program? _____

_____

46. How would you rate the quality of service you have received in (*AGENCY NAME*)? Would you say that it was... (63)

Excellent.....1
Good.....2
Fair.....3
Poor.....4

47. Did you get the kind of service you wanted? Would you say... (64)

No, definitely not.....4
No, not really.....3
Yes, generally.....2
Yes, definitely 1

48. To what extent have the treatment services met your needs? Would you say that.... (65)

Almost all of your needs were met.....1
Most of your needs were met.....2
Only a few of your needs were met.....3
None of your needs were met.....4

49. When treatment decisions were made, did you feel included in the planning process? Tell me which statement you agree with.... (66)

I was regularly included in planning.....1
I was sometimes included in planning 2
I tried to be involved, but I was left out 3
No one told me about the planning process 4

50. If a friend were in need of similar help with substance abuse, would you recommend (*AGENCY NAME)* to him or her? Would you say... (67)

No, definitely not.....4
No, I don't think so.....3
Yes, I think so.....2
Yes, definitely 1

51. How satisfied are you with the <u>amount</u> of help you received? Are you... (68)

Quite dissatisfied.....4
Indifferent or mildly dissatisfied.....3
Mostly satisfied.....2
Very satisfied.....1

52. Have the services you received helped you deal more effectively with your problems? Would you say ... (69)

Yes, they helped a great deal.....1
Yes, they helped somewhat.....2
No, they really didn't help.....3
No, they seemed to make things worse.....4

53. In an overall, general sense, how satisfied are you with the services you have received? Would you say that you are... (70)

Very satisfied.....1
Mostly satisfied 2
Indifferent or mildly dissatisfied.....3
Quite dissatisfied.....4

54. If you were to seek help again, would you come back to (*AGENCY*)? Would you say... (71)

No, definitely not.....4
No, not really.....3
Yes, generally.....2
Yes, definitely.....1

55. What recommendations do you have for improving **adolescent residential chemical dependency** treatment services.

BECCA BILL

Now I'm going to ask your views on the Becca Bill...

56. Have you ever heard of the "Becca Bill"? (72)

YES.....1
NO 0

56.a. Have you heard of the At-risk Youth Petition, the Child in Need of Services Petition, Involuntary Commitment process (which are provisions under the bill)? (73)

YES.....1
NO (skip to question #67).....0

57. Has the Becca Bill affected you personally? (74)

YES.....1
NO (skip to question #59).....0

58. In what ways has the bill affected you? (*RECORD VERBATIM*)

59. What good or positive things, if any, do you think have happened to you or others because of the "Becca Bill"? (*RECORD VERBATIM*)

60. What bad or negative things, if any, do you think have happened to you or others because of the "Becca Bill?" *(RECORD VERBATIM)*

I'm going to read some statements about how some people feel about the "Becca Bill" and I'd like you to tell me how much you agree or disagree with them.

	Strongly Agree	Agree	Disagree	Strongly Disagree	*Don't Know*	
61. The Becca Bill has helped youth who need treatment get treatment.	1	2	3	4	*7*	**(75)**
62. The Becca Bill blames youth for running from a situationthey couldn't stay in any longer.	1	2	3	4	*7*	**(76)**
63. The Becca Bill has made the streets less safe for youth.	1	2	3	4	*7*	**(77)**
64. The Becca bill makes both parents and youth responsible for the problems they are having.	1	2	3	4	*7*	**(78)**
65. The Becca bill makes youth out to be lazy and running for no good reason.	1	2	3	4	*7*	**(79)**
66. The Becca bill has made youth nervous about going to shelters or other services for fear that they will be reported to parents or police	1	2	3	4	*7*	**(80)**

FAMILY RELATIONSHIPS

Now I want to ask some questions about your living situation and your family relationships.

During the 3 months prior to your admission to *(AGENCY NAME)*, that would be ____ mo. to _____mo...

67. How many different places did you live? _____ **(81-82)**

68. During this period, did you spend any night in shelters, on the streets, in squats, cars or parks **(83)**
YES.....1
NO (skip to question #69).....0

68.a. About how many nights did you spend that way? _____ **(84-85)**

Currently...

69. Where do you live, or where are you staying right now? Card 3: (1)
ID: (2-4)
(5-6)

Residential chemical dependency treatment..... 01
With biological/adoptive parent..... 02
With guardian 03
With non-guardian relative..... 04
Foster care..... 05
Criminal custody/detention..... 06
Home of friend (including boy/girl friend)..... 07
On the streets/shelters..... 08
Group care..... 09
Own apartment 10
Receiving home 11
Other 12
*(specify)*_____

70. How long have you lived in these arrangements? _____weeks (7-8)
(If only one place since discharge from treatmet, skip to #71)

70.a. How many places have you lived **in the last 3 months**? _____ (9-10)

71. During the last 3 months, did you spend any night in shelters, on the streets, in squats, cars or parks? (11)

YES..... 1
NO (skip to question #72)..... 0

71.a. About how many nights did you spend that way? _____ (12-13)

Now I'm going to ask you some questions about your family situation. In the last 3 months....

72. How often have you had a serious argument or fight with either of your parents? (14)
Would you say...

Never 0
Once 1
Twice 2
3 or 4 times 3
5 or more times 4
Do not see 5

73. In the last thirty days, how well have you gotten along with family members?
Would you say... (15)

Very well 1
Pretty well 2
OK 3
Not very well 4
Very poorly 5
Do not see 6

74. How much have you been able to confide in your parents/caretaker? Would you say...

0	1	2	3	4
not at all	a little	fair amount	a lot	Do not see

PEER/SOCIAL RELATIONSHIPS

Now I want to focus on your relationships with your friends.
During the <u>3 months prior</u> to your admission to (*AGENCY NAME*)...

75. How well were you getting along with friends? Would you say... (17)
- Very well 1
- Pretty well 2
- OK 3
- Not very well 4
- Very poorly 5
- No friends 6
- Don't see my friends 8

76. How many of your friends during that period, drank to the point of getting drunk once a week or more? Would you say... (18)
- None of them 1
- A few of them 2
- Most of them 3
- All of them 4
- No friends 6

77. How many of your friends smoked marijuana nearly everyday or more? Would you say... (19)
- None of them 1
- A few of them 2
- Most of them 3
- All of them 4
- No friends 6

78. How many of your friends used more than one "street drug", such as marijuana, cocaine or LSD? Would you say.. (20)
- None of them 1
- A few of them 2
- Most of them 3
- All of them 4
- No friends 6

79. **Currently**, do you have different friends since you were admitted to (*AGENCY NAME*)? (21)
- *YES* *1*
- *NO (skip to question #80)* *0*
- No friends 6

79.a. Is that because your program does not allow you to see your old friends? (22)
- *YES* *1*
- *NO* *0*

80. Currently, how many of your friends drink to the point of getting drunk? Would you say.. (23)

None of them 1
A few of them 2
Most of them 3
All of them 4
No friends 6
Don't see any of my friends *8*

81. Currently, how many of your friends smoke marijuana nearly everyday or more? Would you say... (24)

None of them 1
A few of them 2
Most of them 3
All of them 4
No friends 6
Don't see any of my friends *8*

82. How many of your friends use more than one "street drug", such as marijuana, cocaine, or LSD? Would you say... (25)

None of them 1
A few of them 2
Most of them 3
All of them 4
No friends 6
Don't see any of my friends *8*

83. Over the last 30 days, how have you been getting along with friends? Would you say... (26)

Very well 1
Pretty well 2
OK 3
Not very well 4
Very poorly 5
No friends 6
Don't see any of my friends *8*

PROBLEM BEHAVIORS

Now I will ask questions about different things that you may or may not have done. Please answer honestly. You may not have done many of these things -- if not, just tell me so.

84. Have you ever run away from home and stayed away at least overnight? (27)

YES *1*
NO (skip to question #85) *0*

84.a. How many times did you run away from home in the year before you were admitted to (*AGENCY NAME*)? (that would be from _____, 199X to ____199X) ____ (28-29)

84.b. How many times in the last 3 months?_____ (30-31)

85. Have you ever purposely damaged or destroyed property that did not belong to you? (32)
YES.....*1*
NO (skip to question #86).....*0*

85.a. How many times in the year before you were admitted to (*AGENCY NAME*) did you damage or destroy property? ____ (33-34)
85.b. How many times in the last 3 months?_____ (35-36)

86. Have you ever broken into a house store, school, or other building without the owner's permission? (37)
YES.....*1*
NO (skip to question #87).....*0*

86.a. How many times in the year before you were admitted to (*AGENCY*) did you? _____ (38-39)
86.b. How many times in the last 3 months?_____ (40-41)

87. Have you ever taken things worth more than $50? (42)
YES.....*1*
NO (skip to question #88).....*0*

87.a. How many times in the year before you were admitted to (*AGENCY NAME*) did you take something worth more than $50? ____ (43-44)
87.b. How many times in the last 3 months?_____ (45-46)

88. Have you ever stolen or tried to steal a motor vehicle, such as a car or motorcycle? (47)
YES.....*1*
NO (skip to question #89).....*0*

88.a. How many times in the year before you were admitted to (*AGENCY NAME*) did you steal or try to steal a motor vehicle? ____ (48-49)
88.b. How many times in the last 3 months?_____ (50-51)

89. Have you ever beaten up someone badly enough to need bandages or a doctor? (52)
YES.....*1*
NO (skip to question #90).....*0*

89.a. How many times in the year before you were admitted to (*AGENCY NAME*) did you beat up someone? ____ (53-54)
89.b. How many times in the last 3 months?_____ (55-56)

90. Have you ever carried a handgun? (57)
YES.....*1*
NO (skip to question #91).....*0*

90.a. Did you carry a handgun in the year before you were admitted to (*AGENCY NAME*)? (58)
YES.....*1*
NO.....*0*

90.b. Did you carry a handgun in the last 3 months? (59)

YES.....1
NO 0

91. Have you ever sold illegal drugs such as marijuana or cocaine? (60)

YES.:.....1
NO (skip to question #92).....0

91.a. How many times did you sell drugs in the year before you were admitted to *(AGENCY NAME)*? ____ (61-62)

91.b. How many times in the last 3 months?_____ (63-64)

92. Have you ever belonged to a gang? (65)

YES.....1
NO (skip to question #93).....0

92.a. Did you belong to a gang in the year before you were admitted to *(AGENCY NAME)*? (66)

YES.....1
NO 0

92.b. Did you in the last 3 months? (67)

YES.....1
NO 0

LEGAL INVOLVEMENT

In this next section, I want to ask about any contact you have had with police and the courts. Again, everything you tell me will be kept confidential.

93. In the last 3 months, have you been arrested? (68)

YES (complete table below).....1
NO (skip to question #103).....0

In the last 3 months, how many times have you been arrested for...

Type and Number of Arrests in Past Three Months:	# times ticketed or arrested	
94. Driving under the influence (DUI) or while intoxicated (DWI)?		**(69)**
95. Physical control of vehicle (APC)?		**(70)**
96. Violent crimes? (*if none, skip to #97*)		**(71)**
96.a. How many were misdemeanors?		**(72)**
96.b. How many were felonies?		**(73)**
97. Property crimes? (*if none, skip to #98*)		**(74)**
97.a. How many were misdemeanors?		**(75)**
97.b. How many were felonies?		**(76)**
98. Other drug offenses (such as selling, transporting)?		**(77)**
99. Other public-order offenses?		
How many times have you been ticketed or arrested for ...		
100. Possession (MIP) or use (MIC) of alcohol?		**(78)**
101. Possession or use of other drugs?		**(79)**
102. Other, specify		**(80)**

103. In the last 3 months, have you been involved with the juvenile justice system in any way? Card 4: (1)
For example, have you been... ID (2-4)

	YES	*NO*	
On probation or parole	1	0	**(5)**
Put in detention or jail overnight	1	0	**(6)**
Training school or boot camp or forestry program	1	0	**(7)**
Juvenile correction facility	1	0	**(8)**
Other supervised program	1	0	**(9)**
(specify) _____			

(if "no" to all of #103, skip to question #105)

103.a. Are you currently (on parole or probation / still in that program)? **(10)**
Yes, in detention, pre-trial *1*
Yes, in detention or juvenile facility, post-trial ... *2*
Yes, on probation or parol *3*
Yes, boot camp or forestry camp program *4*
Yes, other supervised program *5*
(specify) _____
No *0*

104. Currently, are you awaiting trial, on trial or awaiting sentencing? **(11)**
Awaiting trial *1*
On trial *2*
Convicted, awaiting sentencing *3*
No *0*

MEDICAL CARE UTILIZATION

Now I want to ask some questions about your physical health.

105. How much do you weigh?_____ **(12-14)**

106. In the last 3 months, have you been admitted to the hospital? **(15)**
YES.....1
NO 0

105.a. How many times? _____ **(16)**

107. In the last 3 months, have you gone to the Emergency Room? **(17)**
YES.....1
NO (skip to question #108).....0

How many times have you been to the ER for....(*three questions below*)

	Times in past 3 months	
107.a. ER visit for suicide attempt	_____	**(18)**
107.b. ER visit for accidental overdose	_____	**(19)**
107.c. ER visit for illness or injury	_____	**(20)**

108. During the past 3 months, how many office visits have you made to a doctor or clinic
108.a. ... for an injury? _____ **(21)**
108.b. ... for an illness? _____ **(22)**

109. In the last thirty days, how has your physical health been? Would you say... **(23)**
Excellent.....1
Good.....2
Fair.....3
Poor.....4

(FEMALES)...

110. Have you ever been pregnant? **(24)**
YES.....1
NO (skip to question #112).....0
Don't know (skip to question #112)...2

110.a. How many times have you been pregnant? _____ **(25)**

110.b. Are you pregnant now or have you been in the last three months? **(26)**

YES.....1
NO.....0
Don't know.....2

111. Have you ever given birth to a child? **(27)**

YES.....1
NO (skip to question #112).....0

111.a. How many children have you had?_____ **(28)**

111.b. Where is the child(ren) living now?	First child	2nd child	(29-30)
With respondent	*1*	*1*	**(31-32)**
With respondent's relatives	*2*	*2*	
With child's other parent	*3*	*3*	
With other parent's relatives	*4*	*4*	
In adopted home	*5*	*5*	
In foster home	*6*	*6*	
In hospital	*7*	*7*	
In state custody	*8*	*8*	
Other(specify) _____	*9*	*9*	
Don't know	*77*	*77*	

(MALES)...

112. Have you ever made anyone pregnant? **(33)**

YES.....1
NO (skip to question #114).....0
Don't know (skip to question #114).....8

112.a. How many times? _____ **(34)**

112b. Have you made someone pregnant in the last three months? **(35)**

YES (If 112a=1 skip to question # 114).....1
NO.....0
Don't know.....8

113.a. How many children have you had?_____ **(36)**

113.b. Where is the child(ren) living now?	First child	2nd child	(37-38)
With respondent	*1*	*1*	**(39-40)**
With respondent's relatives	*2*	*2*	
With child's other parent	*3*	*3*	
With other parent's relatives	*4*	*4*	
In adopted home	*5*	*5*	
In foster home	*6*	*6*	
In hospital	*7*	*7*	
In state custody	*8*	*8*	
Other(specify) _____	*9*	*9*	
Don't know	*77*	*77*	

MENTAL HEALTH/ PERCEIVED EMOTIONAL STATUS

Now I want to ask some questions about how you have been doing emotionally.

114. In the last thirty days, how has your mood been? Would you say... **(41)**
- Excellent.....1
- Very good.....2
- Mixed.....3
- Bad.....4
- Very bad.....5

115. During the past 3 months, did you ever have a period of time, lasting one month or more, when you felt worried or anxious most of the time? **(42)**
- *YES.....1*
- *NO 0*

116. During the past 3 months, was there ever a time when you felt sad, blue, or depressed for two weeks or more in a row? **(43)**
- *YES.....1*
- *NO 0*

117. During the past 3 months, have you attempted to kill yourself? **(44)**
- *YES.....1*
- *NO.....0*

118. During the last 3 months, have there been days when you have had trouble controlling your anger? **(45)**
- *YES.....1*
- *NO.....0*

119. In the past 3 months, have you seen a counselor or received any mental health treatment for personal, family, or school problems other than substance abuse? **(46)**

- *YES (complete table below).....1*
- *NO (skip to question #120).....0*

What type of treatment was that? Was it...
- *Inpatient hospital.....1*
- *Residential or group home.....2*
- *Day treatment where you go home at night.....3*
- *Counseling in your school 4*
- *Outpatient treatment at a clinic 5*
- *Outpatient treatment at home 6*
- *Other (Specify) 7*

What month did you begin?

Are you still attending (or still in residential or inpatient)?

YES (skip next question, code 13 in length of tx, use () phrasing).....1

NO.....0

How long did you attend? (*in days*)

How frequently did you attend (are you attending)?

Less than once per month 1
About once or twice per month 2
About once per week 3
A few times per week 4
About daily 5

Did you receive any other treatment after that? *(If yes, ask set of questions again, otherwise skip to question #117)*

Type of treatment (1-7)	Month Began	Length of Treatment (days)	Frequency (1-5)
(47)	(48-49)	(50-52)	(53)
(54)	(55-56)	(57-59)	(60)
(61)	(62-63)	(64-66)	(67)

120. Are you currently taking prescribed medication for mental health issues? **(68)**

YES.....1

NO (skip to question #121).....0

120.a. What is the name of the medication? And how long have you been taking it? (*list up to 3)*

	Name	Length of Time (in months)	
(1)	_____	_____	**(69-70)**
(2)	_____	_____	**(71-72)**
(3)	_____	_____	**(73-74)**

121. Is there anything I have left out?

_____

_____

_____

_____

_____

THANK YOU VERY MUCH FOR PARTICIPATING IN THIS INTERVIEW. WE WILL BE SENDING OUT YOUR CHECK WITHIN THE NEXT FEW WEEKS. THANKS AGAIN.

(adol3 int)